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MASS. GENERAL HOSPITAL

159th
Annual Report
of the Trustees

*

MASSACHUSETTS GENERAL HOSPITAL
1972

OFFICERS AND STAFF
1973

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THE GENERAL HOSPITAL
Boston, Massachusetts

McLEAN HOSPITAL
Belmont, Massachusetts

THE MASSACHUSETTS GENERAL HOSPITAL

1. Sleeper Hall
2. Bartlett Hall Nurses Residence (1954)
3. Shriners Burns Institute, staffed by MGH doctors
4. Edwards Memorial Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building and Jackson Tower (1969)
7. Baker Memorial (1930)
8. Warren Building (1956)
9. Phillips House (1917)
10. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
11. Clinics Building (1903)
12. Walcott House (1913)
13. Moseley Building (1916)
14. George Robert White Building (1939)
15. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

One Hundred and Fifty-ninth Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

INCLUDING THE GENERAL HOSPITAL IN BOSTON

and

McLEAN HOSPITAL IN BELMONT

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General Information

The **Massachusetts General Hospital** is a private incorporated institution consisting of four major divisions: **The General Hospital** for those without private physicians; **The Baker Memorial** with private and semi-private accommodations; **The Burnham Memorial for Children**; and the **Phillips House**, the private pavilion. These divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization for short duration.

Entrances to the General Hospital, the Baker Memorial, and Burnham: Fruit Street, at the end of North Grove Street. Entrances to the Gray Building are on Blossom Street. The Phillips House and Warren Building entrances are on Charles Street.

Admissions: Arrangements for admission of patients to the General Hospital, the Baker Memorial, and Burnham should be made at the Admitting Office on the first floor of the Gray Building (726-3388). Information about admission to the Phillips House may be obtained at the Phillips House Admitting Office (726-3204).

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

McLean Hospital is the Psychiatric Division of the MGH, and the **Vincent Memorial Hospital** is the MGH's Gynecological Service.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of the Hospital, is open 24 hours a day.

The *Clinics* of the MGH are available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail, telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of the Massachusetts General Hospital serving passengers, employees, and visitors at the airport.

Bunker Hill Health Center, located on High Street in Charlestown, is a division of the MGH devoted to the medical care of Charlestown residents.

Chelsea Child Health Center is a division of the MGH providing health services to the children and youth of Chelsea.

The MGH is also affiliated with the Massachusetts Eye and Ear Infirmary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

Massachusetts General Hospital is

- A member of United Community Services of Metropolitan Boston
- A member of the American Hospital Association
- Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
- Approved by the American Medical Association for Residencies and Internships

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Edward F. McGrath, M.D.
James A. O'Shea, M.D.
William Pfeffer, Jr., M.D.
Walter Pick, M.D.
Edward F. Rabe, M.D.
Daniel R. Rectanus, M.D.
Robert H. Richie, Jr., M.D.
Michael J. Robinson, M.D.
Benjamin Sachs, M.D.
Edward C. Saef, M.D.
John W. Scanlon, M.D.
Boris Senior, M.D.
Albert L. Sheffer, M.D.
Myron Siner, M.D.
Lois M. Smedley, M.D.
Wilhelmina Van Dyke, M.D.
Thomas J. Whitfield, M.D.
Robert F. Wilson, M.D.
Eleanore C. Zaudy, M.D.

Assistant Geneticist

Lee B. Jacoby, Ph.D.

Associates from Other Services and Departments

Anesthesia:	Richard J. Kitz, M.D. John Ryan, M.D. David Todres, M.D. Myra Jasinska, M.D. Nicholas Goudsouzian, M.D. Stanislaw Szyfelbein, M.D.
Cardiac Surgery:	W. Gerald Austen, M.D. Mortimer J. Buckley, M.D. W. Hardy Hendren, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
General Pediatric Surgery:	W. Hardy Hendren, M.D. William C. Quinby, M.D. Samuel H. Kim, M.D.
Gynecologic Medicine:	Janet McArthur, M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D. John Grover, M.D.
Infectious Disease:	Morton N. Swartz, M.D.
Neurology:	Raymond Adams, M.D. Robert DeLong, M.D. Gwendolyn Hogan, M.D. Hugo Moser, M.D. Peter B-B Rosenberger, M.D. Andrea Nash, M.D.
Neurosurgery:	William H. Sweet, M.D. Paul Chapman, M.D.

Organ Transplantation:	Ronald Malt, M.D. Paul S. Russell, M.D.
Orthopaedic Surgery:	Michael Ehrlich, M.D. Richard Smith, M.D. Edwin T. Wyman, Jr., M.D.
Plastic Surgery:	Bradford Cannon, M.D. John Constable, M.D. John Remensnyder, M.D.
Psychiatry:	Norman Bernstein, M.D. John Lamont, M.D. William Sack, M.D.
Psychology:	Keith Connors, Ph.D. Alvin Simmons, Ph.D.
Radiation Therapy:	Melvin Tefft, M.D.
Radiology:	Alfred L. Weber, M.D.
Urologic Surgery:	George R. Prout, Jr., M.D. Wyland F. Leadbetter, M.D. W. Hardy Hendren, M.D. Samuel H. Kim, M.D.

Consultants in Pediatrics
William Berenberg, M.D.
Alexander S. Nadas, M.D.
Alfred Yankauer, M.D.

Consultant in Psychology
Jerome Kagan, Ph.D.

Consultant in Chemical Engineering
Edward W. Merrill, D.Sc.

SURGICAL DIVISION

GENERAL SURGERY

Chief of Surgical Services
W. Gerald Austen, M.D.

Senior Consulting Staff

Marshall K. Bartlett, M.D.
Oliver Cope, M.D.
Robert R. Linton, M.D.
Claude E. Welch, M.D.

Visiting Surgeons

John F. Burke, M.D.
Bradford Cannon, M.D.
Gordon A. Donaldson, M.D.
Hermes C. Grillo, M.D.
W. Hardy Hendren, M.D.
Francis M. Ingersoll, M.D.
Ronald A. Malt, M.D.
George L. Nardi, M.D.
John W. Raker, M.D.
Paul S. Russell, M.D.
J. Gordon Scannell, M.D.
Frank C. Wheelock, M.D.
Earle W. Wilkins, Jr., M.D.

Associate Visiting Surgeons

Glenn E. Behringer, M.D.
Mortimer J. Buckley, M.D.
John D. Constable, M.D.
R. Clement Darling, M.D.
Thomas H. Green, Jr., M.D.
John W. Grover, M.D.
Arthur L. Herbst, M.D.
Charles E. Huggins, M.D.
Ashby C. Moncure, M.D.
Eldred D. Mundth, M.D.
Leslie W. Ottinger, M.D.
William C. Quinby, Jr., M.D.
John P. Remensnyder, M.D.
George S. Richardson, M.D.
Grant V. Rodkey, M.D.
Chiu-an Wang, M.D.

Assistant Surgeons

Ann B. Barnes, M.D.
Benjamin A. Barnes, M.D.
Edwin L. Carter, M.D.
Willard M. Daggett, M.D.
Thomas S. Durant, M.D.
Josef E. Fischer, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Samuel H. Kim, M.D.
William P. Rogers, Jr., M.D.
LeRoy S. Wirthlin, M.D.

Assistants in Surgery

William M. Abbott, M.D.
David S. Chapin, M.D.
A. Benedict Cosimi, M.D.
Michael N. Margolies, M.D.
M. Terry McEnany, M.D.
Andrew L. Warshaw, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Joseph R. Barrie, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
Dexter W. Lawson, M.D.
William K. McClelland, M.D.
John B. McKittrick, M.D.
Carroll C. Miller, M.D.
Charles G. Mixter, Jr., M.D.
Charles G. Mixter III, M.D.
Anthony S. Patton, M.D.
Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Ronald M. Weintraub, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

Martin J. Bellinger, M.D.
Samuel M. Berger, M.B., Ch.B.
Charles T. Claydon, M.D.
James M. Doonan, M.D.
John V. Pikula, M.D.
James E. Zuckerman, M.D.

Associate Biologists

Daniel F. Malamud, Ph.D.
Leona Zacharias, Ph.D.

Associate Immunologist

Henry J. Winn, Ph.D.

Assistants in Immunology

Thomas C. Fuller, Ph.D.
Janet M. Plate, Ph.D.

Assistant Biochemists

Ajit Kumar, Ph.D.
David A. Swann, Ph.D.

Assistant Biophysicist

Jeffrey K. Raines, Ph.D.

Consultant in Plastic Surgery

Joseph E. Murray, M.D.

GYNECOLOGY

Chief of Service

Howard Ulfelder, M.D.

Staff Shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service

William H. Sweet, M.D., D.Sc.

Senior Consulting Staff

Hannibal Hamlin, M.D.
Jost J. Michelsen, M.D.
James C. White, M.D.

Visiting Neurosurgeons

H. Thomas Ballantine, Jr., M.D.
Raymond N. Kjellberg, M.D.

Associate Visiting Neurosurgeon

Robert G. Ojemann, M.D.

Assistant Visiting Neurosurgeon

James G. Wepsic, M.D.

Assistants in Neurosurgery

Edward P. Baker, Jr., M.D.
Paul H. Chapman, M.D.
Paul L. Kornblith, M.D.
Edward C. Tarlov, M.D.

Clinical Associates in Neurosurgery

Robert C. Cantu, M.D.
Herbert L. Cares, M.D.
Edwin G. Fischer, M.D.
Vernon H. Mark, M.D.
Henry H. Schmidek, M.D.
Nicholas T. Zervas, M.D.

Neurophysiologist in Neurosurgery
Adelbert Ames III, M.D.

Associate Neurophysiologist in Neurosurgery
Daniel A. Pollen, M.D.

Assistant Neurophysiologist in Neurosurgery
Richard H. Masland, Ph.D.

Assistant Chemist in Neurosurgery
Donald J. Hnatowich, Ph.D.

Assistant in Chemistry in Neurosurgery
Glyn R. Wellum, Ph.D.

Assistant Immunochemist in Neurosurgery
F. Curtis Dohan, Jr., M.D.

Assistant Cytogeneticist in Neurosurgery
Lawrence Razavi, M.B.B.S.

Assistant in Neuropathology
Jonathan Shay, M.D.

Assistant in Anatomy in Neurosurgery
James M. Price, Ph.D.

Consultant in Mathematics
Joseph H. Taylor, M.D.

Consultant in Chemistry
Albert H. Soloway, Ph.D.

ORTHOPAEDIC SURGERY

Chief of Service
Henry J. Mankin, M.D.

Visiting Orthopaedic Surgeons

Otto E. Aufranc, M.D.
Thornton Brown, M.D.
William H. Harris, M.D.
Eugene E. Record, M.D.
Carter R. Rowe, M.D.

Associate Orthopaedic Surgeons

Thomas L. DeLorme, M.D.
William N. Jones, M.D.
Robert D. Leffert, M.D.
Donald S. Pierce, M.D.
John A. Reidy, M.D.
Richard J. Smith, M.D.

Assistant Orthopaedic Surgeons

Joseph S. Barr, Jr. M.D.
Robert J. Boyd, M.D.
Hugh P. Chandler, M.D.
Michael G. Ehrlich, M.D.
James I. Huddleston, M.D.
William L. Kermond, M.D.
William R. MacAusland, Jr., M.D.
Charles Weiss, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopaedic Surgery

Robert B. Brendze, M.D.
David P. Simmons, M.D.
Bertram Zarins, M.D.

Clinical Associates in Orthopaedic Surgery

Thomas F. Broderick, Jr., M.D.
Edward A. Nalebuff, M.D.
Edward J. Riseborough, M.D.
Philip I. Salib, M.D.
Roderick H. Turner, M.D.

Chief of the Department of Podiatry

John D. McLean, D.S.C.

Assistant Podiatrists

Edward R. Bloom, D.S.C.
Thomas F. Connolly, D.S.C.
Donald D. Donovan, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistant to the Orthopaedic Outpatient Department

James S. Hewson, M.D.

Consultants in Engineering Science

Robert W. Mann, Sc.D
Igor L. Paul, Sc.C.

UROLOGY

Chief of Service

George R. Prout, Jr., M.D.

Senior Consulting Staff

Saul M. Marcus, M.D.

Consulting Visiting Urologist

Sylvester B. Kelley, M.D.

Visiting Urologists

Walter S. Kerr, Jr., M.D.
Wyland F. Leadbetter, M.D.
*Howard I. Suby, M.D.

Assistant Urologists

Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistants in Urology

Stephen P. Dretler, M.D.
William L. Strickler, M.D.
Hugh H. Young II, M.D.

*On Leave of Absence

DEPARTMENT OF ORAL SURGERY

Chief of Service
Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons
Richard L. Miner, D.D.S.
Morton J. Olin, D.M.D.
Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons
Barry J. Agranat, D.M.D.
Henry D. Howe, D.M.D
Peter G. Kimball, D.M.D.
Robert C. Lincoln, D.M.D.
Donald B. Rae, D.D.S
Leonard B. Shulman, D.M.D.
William H. Tingey, Jr., D.M.D.

Assistant Oral Surgeons
R. Bruce Donoff, D.M.D.
Robert E. Evans, D.M.D.
Zygmunt W. Pozatek, D.M.D.

Assistants in Oral Surgery
Myron Allukian, Jr., D.D.S.
Jerold M. Frankel, D.M.D.
Edward B. Seldin, D.M.D.

Clinical Associates in Oral Surgery
Daniel J. Holland, Jr., D.M.D.
Edward L. Sleeper, D.D.S.

Clinical Assistants in Oral Surgery
Norbert J. Shay, D.M.D.
Stephen E. St.Onge, D.M.D.

Consultant in Oral Pathology
Gerald Shklar, D.D.S.

DEPARTMENTS

PATHOLOGY

Chief of Department
Benjamin Castleman, M.D.

Pathologists
Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists
Leonard Atkins, M.D.
James B. Caulfield, M.D.
Sanford I. Roth, M.D.
Stephen M. Shea, M.D.
Priscilla Dienes Taft, M.D.

Assistant Pathologists
James J. Daly, M.D.
Harold F. Dvorak, M.D.
James J. Galdabini, M.D.
Max L. Goodman, M.D.
Kilmer S. McCully, M.D.
Martin C. Mihm, Jr., M.D.
Gerald Nash, M.D.

Assistants in Pathology
Stanley J. Robboy, M.D.
Robert L. Trelstad, M.D.

Clinical Associates in Pathology
Robert Fienberg, M.D.
Joel Umlas, M.D.

Clinical Assistants in Pathology
Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.

Neuropathologists
Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists
Karl Eric Astrom, M.D.
C. Miller Fisher, M.D.

Assistant Biologist
Paul F.A. Maderson, Ph.D.

Assistant Biochemist
Michael J. Lee, Ph.D.

Consultant in Pathology
Walter G.J. Putschar, M.D.

ANESTHESIA

Chief of Department
Richard J. Kitz, M.D.

Anesthetists
George E. Battit, M.D.
Aaron J. Gissen, M.D.
Phillips Hallowell, M.D.
Myron B. Laver, M.D.
Edward Lowenstein, M.D.
Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists

John M.R. Bruner, M.D.
Brian C. Dalton, L.R.C.P.I.
John W.D. Garrett, M.D.
Bennie Geffin, M.B., Ch.B.
Bucknam McPeek, M.D.
Elliott V. Miller, M.D.
Roger H. Morris, M.D.
John D. Murphy, M.D.
John F. Ryan, M.D.

Assistant Anesthetists

John H.L. Bland, M.D.
David J. Cullen, M.D.
Kenneth M. Janis, M.D.
Suzanne J. Lamdin, M.D.
Alix Mathieu, M.D.
Daniel M. Philbin, M.D.
John J. Savarese, M.D.
S.K. Szyfelbein, M.D.
Sarita G. Walzer, M.D.
Roger S. Wilson, M.D.

Assistants in Anesthesia

Burton A. Briggs, M.D.
Han Twu Chiang, M.D.
Nishan G. Goudsouzian, M.B., B.Ch.
Bernard R. Hand, M.D.
Anil Kumar, M.B.B.S.
Annetta L. Murphy, M.D.
William D. Owens, M.D.
Rafik Rizk-Attia, M.B., B.Ch.
Warren M. Zapol, M.D.

Psychologist

Gene M. Smith, Ph.D.

Biomedical Engineer

Jozef K. Cywinski, Ph.D.

Assistant Biomedical Engineers

Jeffrey B. Cooper, Ph.D.
Ronald S. Newbower, Ph.D.

Assistant in Pharmacology

Keith W. Miller, D.Phil.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist

Herman M. Kalckar, M.D., Ph.D.

Associate Biochemists

Winfried Boos, Ph.D.
Roberta F. Colman, Ph.D.

Assistant Biochemist

Alap R. Subramanian, Ph.D.

Assistant in Biochemistry

Jessica E. Reimann, Ph.D.

Visiting Biochemists

Dimitri Stathakos, Ph.D.
Othmar Gabriel, Ph.D.

BACTERIOLOGY

Bacteriologist
Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists
Theodore F. Medrek, Ph.D. Barbara K. Watson, Ph.D.

Consultant in Bacteriology
Robert C. Moellering, Jr., M.D.

CLINICAL CHEMISTRY LABORATORIES

Chief
Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director
William S. Beck, M.D.

DEPARTMENT OF RADIATION MEDICINE

Chief of Department
Herman D. Suit, M.D.

Radiation Therapists
Milford D. Schulz, M.D. Chiu-chen Wang, M.D.

Associate Radiation Therapist
Melvin Tefft, M.D.

Assistant Radiation Therapist
Chan H. Choi, M.D.

Assistant in Radiation Medicine
Bruce J. Walz, M.D.

Assistant Physicists
Arthur L. Boyer, Ph.D. Michael Goitein, Ph.D.

Assistant in Physics
Miriam M. Gitterman, M.S.

Assistant Biologist
Jan Vaage, Ph.D.

Assistant in Biology
Robert S. Sedlacek, M.S.

RADIOLOGY

Chief of Department
Juan Taveras, M.D.

Visiting Radiologist
Stanley M. Wyman, M.D.

Radiologists

Stanley Baum, M.D.
Robert E. Dinsmore, M.D.
Jack E. Dreyfuss, M.D.
Paul F.J. New, M.D.
Henry P. Pendergrass, M.D.
Majic S. Potsaid, M.D.
Laurence L. Robbins, M.D.
Alfred L. Weber, M.D.

Associate Radiologists

Joseph T. Ferrucci, Jr., M.D.
Marjorie J. LeMay, M.D.
K. Jack Momose, M.D.
Richard C. Pfister, M.D.
Frederick S. Tomchik, M.D.

Assistant Radiologists

Christos A. Athanasoulis, M.D.
Reginald E. Greene, M.D.
Gerald M. Kolodny, M.D.
Glenn H. Roberson, M.D.
Hubert S. Sear, M.D.

Assistants in Radiology

Carlos J. Alvarado, M.D.
Peter J. Barrett, M.D.
Lawrence D. Brotman, M.D.
Salvatore A. DeLuca, M.D.
Jerry C. Doss, M.D.
Farooq Jaffer, M.B., B.S.
Geun C. Jang, M.D.
Lester Kalisher, M.D.
Charles S. Langston, M.D.
Arthur C. Waltman, M.D.
Isabel C. Yoder, M.D.

Clinical Associates in Radiology

Roger A. Bauman, M.D.
Joseph Hanelin, M.D.
Murray L. Janower, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.
James J. Pollard, M.D.

Clinical Assistants in Radiology

Karl T. Benedict, M.D.
D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
William J. Otto, Jr., M.D.
James A. Peterson, M.D.
John T. Pollard, Jr., M.D.
Jeffrey P. Rudnick, M.D.
Thomas E. Shea, M.D.
Milton A. Weiner, M.D.
Robert C. Williams, M.D.

Physicist
Edward W. Webster, Ph.D.

Associate Physicist
Saul Aronow, Ph.D.

Assistant Physicists

Nathaniel M. Alpert, Ph.D.
Frank P. Castronovo, Jr., Ph.D.

Engineer
Malcolm Mackay

Consultants in Radiology
Henry I. Kohn, Ph.D., M.D.
John B. Little, M.D.
Edward B.D. Neuhauser, M.D.
Richard Schatzki, M.D.
Lucy F. Squire, M.D.

DEPARTMENT OF REHABILITATION MEDICINE

Chief
Donald S. Pierce, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director
Morten Grove-Rasmussen, M.D.

Clinical Director
Charles E. Huggins, M.D.

Clinical Consultants
John P. Remensnyder, M.D.
John T. Truman, M.D.

HOUSE STAFF

Residents and Interns
as of January 1, 1973

MEDICINE

Chief Resident
Lloyd Axelrod, M.D.

Third Year Residents

Michael C. Bach, M.D.
Arnold M. Brier, M.D.
Leonard Chess, M.D.
Charles K. Francis, M.D.
Nortin N. Hadler, M.D.
Stephen J. Marx, M.D.
Walter A. Muller, M.D.
Michael S. Palmer, M.D.
Geoffrey K. Sherwood, M.D.

Second Year Residents

Dennis A. Ausiello, M.D.
Edward W. Bough, M.D.
Arthur E. Broadus, M.D.
Enser W. Cole III, M.D.
Herschel D. Collins, M.D.
John G. Curd, M.D.
Mark R. Goldman, M.D.
Peter R. Graze, M.D.
Hamilton R. Hayes, M.D.
Ormand L. Haynes, M.D.
Charles M. Helms, M.D.
Richard J. Hodes, M.D.
David C. Hueter, M.D.
Martin W. Oster, M.D.
Kent E. Rogers, M.D.
Eve E. Slater, M.D.
Allen M. Spiegel, M.D.
Neil S. Young, M.D.

First Year Resident (Intern)

Jeffrey L. Anderson, M.D.
Donald M. Berwick, M.D.
George E. Crawford, M.D.
Gregory D. Curfman, M.D.
Joseph E. Davis, M.D.
Don A. Gabriel, M.D.
Howard S. Kirshner, M.D.
William J. Koopman, M.D.
John G. Krikorian, M.D.
Bruce R. Leslie, M.D.
Robert O. Morton, M.D.
Carl F. Nathan, M.D.
Joseph E. Parrillo, M.D.
John E. Ricks, M.D.
Robert A. Rosen, M.D.
Mark L. Rosenberg, M.D.
Gary K. Schoolnik, M.D.
John H. TenPas, M.D.

DERMATOLOGY

Third Year Residents

Steven L. Karassik, M.D.
Malcolm M. Lane-Brown, M.B.B.S.
Michael M. Pugliese, M.D.

Second Year Resident
Francis S. Renna, M.D.

First Year Residents

Joseph C. Alper, M.D.
Michael G. Caruso, M.D.
Donald P. Lookingbill, M.D.
John Provan, M.D.
Arthur J. Sober, M.D.
Lewis Tanenbaum, M.D.

NEUROLOGY

Chief Resident
Richard J. Lederman, M.D.

Third Year Residents

Keith H. Chiappa, M.D.
Gary W. Duncan, M.D.
Joseph Hanaway, M.D.
Daniel H. O'Leary, M.D.
Roger S. Williams, M.D.

Second Year Residents

Frank H. Anderson, M.D.
K.S. Krishnamoorthy, M.D.
David N. Levine, M.D.
Andre E. Merminod, M.D.
David P. Richman, M.D.
Robert M. Stewart, M.D.

First Year Residents

S. Charles Bean, M.D.
Benjamin R. Brooks, M.D.
Thomas R. Browne, M.D.
Mark Hallett, M.D.
John P. Kistler, M.D.
Rolf W. Seiler, M.D.

PSYCHIATRY

Third Year Residents

Henry E. Butler, M.D.
John S. DeVerter, M.D.
Felton J. Earls, M.D.
Alan J. Gelenberg, M.D.
Alan M. Jacobson, M.D.
Robert J. Mignone, M.D.
Michael K. Popkin, M.D.
Kenneth J. Tardiff, M.D.
Sidney Zisook, M.D.

Second Year Residents

Henry D. Abraham, M.D.
James C. Ballenger, M.D.
Robert W. Ferrell, Jr., M.D.
Gordon P. Harper, M.D.
Robert H. Hicks, M.D.
Kenneth W. Nobel, M.D.
John O'Brien, M.D.
Frederic E. Oder, M.D.
Darrel A. Regier, M.D.
Richard B. Stifler, M.D.
Harold R. Veits, M.D.
Albert V. Vogel, M.D.
Harold W. Ward, Jr., M.D.

First Year Residents

David M. Bear, M.D.
William R. Beardslee, M.D.
David K. Buckley, M.D.
Janina R. Galler, M.D.
James E. Groves, M.D.
Rowen M. Hochstedler, M.D.
Neil R. Johnson, M.D.
Arthur M. Kleinman, M.D.
Theo C. Manschreck, M.D.
Peter A. Mansky, M.D.
Charles W. Popper, M.D.
Edmond D. Robinson, M.D.
Juliet S. Stanley, M.D.

NEUROSURGERY

Fourth Year Resident
R. Michael Scott, M.D.

Third Year Residents

Robert M. Crowell, M.D.
George E. Mendelsohn, M.D.
John W. Walsh, M.D.

Second Year Residents

Kenneth H. Ott, M.D.
Charles E. Poletti, M.D.

First Year Residents

Roberto C. Heros, M.D.
Manit Sujatanond, M.D.
Lincoln F. Ramirez, M.D.

CHILDREN'S

Chief Resident

Constance H. Keefer, M.D.

Third Year Residents

Patsy B. Cipolloni, M.D.
John M. Dorman, M.D.
Samuel A. Fagenholz, M.D.
Robert J. Shamsey, M.D.
Leonard A. Shulman, M.D.
Lynn Wallace, M.D.

Second Year Residents

Lucienne A. Cahen, M.D.
Suzanne D. Dixon, M.D.
Michael F. Epstein, M.D.
Martin T. Fosburg, M.D.
David A. Link, M.D.
Janice E. Milligan, M.D.
Susan P. Pauker, M.D.
Mary D. Scott, M.D.
Francis J. Twarog, M.D.

First Year Resident (Intern)

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Jerry D. Cade, M.D.
Robert K. Crone, M.D.
Linda S. Fagenholz, M.D.
Dorothy H. Kelly, M.D.
Nancy J. Mrazek, M.D.
Suzanne G. Riggs, M.D.
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Robert J. Irwin, Jr., M.D.
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Richard B. Lewis, M.D.
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Matthias B. Donelan, M.D.
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Richard P. Harmel, M.D.
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Ralph W. Pierce, M.D.
William W. Southmayd, M.D.
Gerald G. Steinberg, M.D.
Robert S. Steinberg, M.D.
Richard A. St.Onge, M.D.
Samuel D. Stulberg, M.D.
Richard B. Swett, M.D.
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Thomas B. Kilgore, D.M.D.

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Daniel J. Olson, D.D.S.

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Fourth Year Resident

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W. Reynolds Maier, M.D.
Lamar W. Riggs, M.D.
Joachim W. VonPohl, M.D.
Frank G. Zavisca, M.D.

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Astrid E. Liland, M.D.
Robert F. Littlehale, M.D.
Rommel G. Lozada, M.D.
Daniel L. Nozik, D.D.S.
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Howard D. Wulfson, M.D.

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Marilyn N. Hulter, M.D.
Jamil Malouf, M.D.
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Jurgen Seebacher, M.D.
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Norman E. Wilson, M.D.
Larry Yip, M.D.
James R. Zaidan, M.D.

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Bruce D. Ragsdale, M.D.

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Walter K. Jung, M.D.

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Peter M. Howley, M.D.
Jerry Kolins, M.D.
Robert S. Smith, M.D.

RADIATION MEDICINE

Third Year Residents

Susan W. Pitman, M.D.
Warren Sewall, M.D.

Second Year Residents

Vincent S-T Cheng, M.D.
Philip Littman, M.D.

First Year Resident

Luiz A. Fagundes, M.D.

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Larry H. Westerfield, M.D.

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Ronald E. DeCesare, M.D.
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Hartley S. Neel, M.D.
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Burt D. Pina, M.D.
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David J. Rushforth, M.D.
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Gerald R. Berg, M.D.
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Francis J. Sullivan, M.D.

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Keith C. Fischer, M.D.
Milton J. Guiberteau, M.D.
Thomas C. Hill, M.D.
Robert A. Kane, M.D.
Adrian G. Krudy, M.D.
Everett G. Schaner, M.D.
Richard S. Skoblar, M.D.

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Annette A. Herscovics, Ph.D.
Lawrie W. Powell, M.D.

Fellows

Robert A. Adler, M.D.
Bhagwat Ahluwalia, Ph.D.
Jean-Philippe Assal, M.D.
Andranik Bagdasarian, Ph.D.
John B. Baillieul, M.S.
Ann S. Baker, M.D.
Ronald L. Barbanell, D.D.S.
Renaud Beauwens, M.D.
Barbara G. Beckman, M.A.
Graham S. Bell, Ph.D.
Lionel G. Bercovitch, M.D.
Michael J-F Bernat, M.D.
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Stanley T. Bigos, M.D.
Norman M. Bress, M.D.
Irwin A. Buchwald, M.D.
James A. Burton, Ph.D.
Angelina C. Carvalho, M.D.
David A. Chesler, Sc.D.
George Chou, Ph.D.
Mary B. Clark, Ph.D.
David L. Copen, M.D.
John A. Correia, Ph.D.
Malcolm M. Cronlund, Ph.D.
Betty A. Davidson, Ph.D.
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Neil F. Goodman, M.D.
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Janet A. Gumprecht, Ph.D.
David H. Gundy, M.D.
Beat A. Gurtler, M.D.
Joel F. Habener, M.D.
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Faysal M. Hasan, M.D.
Victor B. Hatcher, Ph.D.
Matthew D. Heller, M.D.
Edward P. Hoffer, M.D.
E.A. Icases-Cabral, M.D.
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James B. Kahn, M.D.
Robert E. Kahn, M.D.
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Byron W. Kemper, Ph.D.
Henry T. Keutmann, M.D.
J. David Kieffer, Ph.D.
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Zdenek Kratky, Ph.D.
Biswajit Lahiri, Ph.D.
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Robert J. Lefkowitz, M.D.
Paul B. Lesser, M.D.
Richard Liberthson, M.D.
Thomas F. Linsenmayer, Ph.D.
Leif A. Lohrbauer, M.D.
Penelope J. Marshall, Ph.D.
Thomas M. Mulcahy, Jr., M.D.
Brian W. Murray, Ph.D.
Nasir-Ud-Din, Ph.D.
Joseph T. Neary, Ph.D.
Hugh D. Niall, M.D.
Allen A. Nimetz, M.D.
Daniel W. Nixon, M.D.
Julianne G. Nold, Ph.D.
Normand E. Olivier, M.D.
Armando S. Perez, M.D.
Joseph L. Perrotto, M.D.
Andre Peytremann, M.D.
Renate Peytremann, M.D.
Stephen M. Pizer, Ph.D.

Marc A. Pohl, M.D.
Gerald M. Pohost, M.D.
Knud Poulsen, M.D.
Max R. Proffitt, Ph.D.
Ruth S. Quinn, Ph.D.
Eliezer Rapaport, Ph.D.
Richard N. Re, M.D.
Vernon N. Reinhold, Ph.D.
John L. Roglieri, M.D.
Auxiliadora R. Roldan, Ph.D.
Leonard J. Rosenthal, Ph.D.
Salvatore Ruggieri, M.D.
Richard A. Sachson, M.D.
Judith D. Saide, Ph.D.
Kent W. Salisbury, M.D.
Jose M. Sancho, M.D.
David H. Schlesinger, Ph.D.
Dennis E. Schwartz, Ph.D.
Gunter Schwarzmann, Ph.D.
Gino V. Segre, M.D.
Maxim Sheinfeld, M.D.
Samuel J. Shubrooks, M.D.
Harvey B. Simon, M.D.
Gerald N. Smith, Jr., Ph.D.
Thomas C. Smitherman, M.D.
Daniel E. Souder, M.D.
Richard S. Stein, M.D.
Arthur D. Strosberg, Ph.D.
Jared G. Sugihara, M.D.
Janet Thorndike, Ph.D.
Jan S. Tkacz, Ph.D.
Edward P. Toffolon, M.D.
Geoffrey W. Tregear, Ph.D.
J. VanRietschoten, Ph.D.
Evelyn Walker, Ph.D.
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William C. Weese, M.D.
Robert M. Weinberg, M.D.
Allan J. Weinstein, M.D.
Mark E. Weinstein, M.D.
Jost Wichser, M.D.
James K-H Yeung, M.B., B.S.
Michael B. Zack, M.D.
Leonard M. Zir, M.D.

DERMATOLOGY

Peter M. Elias, M.D.
Yoshimori Fujinuma, Ph.D.
Kowichi Jimbow, M.D.
Richard A. Johnson, M.D.
John S. Kaiser, M.D.
Merrill G. Liteplo, M.D.
Thomas P. Nigra, M.D.

NEUROLOGY

Margaret L. Bauman, M.D.
Amrik S. Chattha, M.D.
Ewa E. Chelmicka, M.D.
Morris A. Fisher, M.D.
Robert B. Friedman, Ph.D.
H. Harris Funkenstein, M.D.
Myron D. Ginsberg, M.D.
Carlos S. Kase, M.D.
Ira T. Lott, M.D.
Ivan Matous-Malbohan, M.D.
Joel J.F. Oger, M.D.
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Masaki Saito, Ph.D.
Maria V. Salam, M.D.
Bhagwan T. Shahani, M.B.B.S.
Mutsumi Sugita, B.E.
Antonio J. Vitug, M.D.
Bryan T. Woods, M.D.

NEUROPATHOLOGY

Edward A. Arees, Ph.D.
Fred H. Hochberg, M.D.
Charles R. Plank, M.D.

PEDIATRICS

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Ignacy Wald, M.D.

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J. Bert Bunnell, Ph.D.
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Marco Danon, M.D.
Joshua Epstein, D.Sc.
Beverly R. Fischer, M.D.
Suzita N. Granados, M.D.
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Sonja E. Hicks, Ph.D.
Su-chen Hong, Ph.D.
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Surendra K. Varma, M.D.
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Janice R. Stevens, M.D.

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Katharine A. Blessing, M.A.
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Konstantinos Stamboulidis, M.D.
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Verner Stillner, M.D.
Melvin W. Williams, M.D.

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Alphonso M. Aguirre, M.D.
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Conrado C. Bondoc, M.D.
Bruce J. Brener, M.D.
Thomas W. Buchholtz, M.D.
Clifford J. Buckley, M.D.
Pieter H.K. Cilliers, M.D.
David F. D'Amico, M.D.
Cornelius M. Dijkhuis, M.D.
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Andrew J. Ouellette, Ph.D.
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Normand L. Poirier, M.D.
John H. Raaf, M.D.

Come Rousseau, M.D.
Samuel L. Selinger, M.D.
Arpana M. Shah, M.D.
David R. Stewart, M.D.
Robert J.S. Thomas, M.B., B.S.
Mary J. Wallace, Ph.D.
John D. Whelchel, M.D.

NEUROSURGERY

Ronald W. Hurt, M.D.
Nikolas Papadakis, M.D.

ORTHOPAEDIC SURGERY

Richard H. Cobden, M.D.
Subramanyan Jayasankar, M.B., B.S.
Charles R. McCrae, M.D.
Dineshkumar G. Patel, M.B., B.S.
Leonie M. Rosenoer, B.D.S.
Sydney M. Sara, M.D.

PATHOLOGY

Juanito B. Billote, M.D.
Beverly C. Borlandoe, M.D.
Mary E. Hammond, M.D.
John S. Kaiser, M.D.
John C. Long, M.D.
Jeffrey S. Ross, M.D.
Alan L. Schiller, M.D.
Wanda M. Szyfelbein, M.D.

RADIOLOGY

Visiting Fellow
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Fellows
Robert H. Ackerman, M.D.
L. Reed Altemus, M.D.
Warren W. Church, M.S.S.E.
Kenneth R. Davis, M.D.
Gerhard L. Lechner, M.D.
Jorge Merino-de Villasante, M.D.
Ilana Nitzan, M.Sc.
James A. Schnur, M.D.
William R. Scott, M.D.
Oscar J. Solis, M.D.
Richard P. Trevor, M.D.

RADIATION MEDICINE

Ann Maria Chu, M.D.
Erwin M. Rottinger, M.D.

ORAL SURGERY

Daniel H. Proper, D.M.D.

ANESTHESIA

Hassan H. Ali, M.B., B.Ch.
Caridad B. Asiddao, M.D.
Jahangir Ayromlooi, M.D.
Edward A. Beierholm, M.D.
Lorna J. Bennett, D.Phil.
Julien F. Biebuyck, M.B., Ch.B.

Neville J. Davis, M.B.B.S.
Nabil R. Fahmy, M.B., B.Ch.
Paul L. Gaudry, M.B., B.S.
John D. Henville, M.B., B.S.
Adly H. Iskandar, M.B., B.Ch.
Miroslawa T. Jasinska, M.D.
Demetrios G. Lappas, M.D.
Janet C. Miller, D.Phil.
Jesper Qvist, M.D.
Janine T. Rodrigues, M.B.B.S.
Katherine A. Shaw, M.D.
Brij B. Shrivastav, Ph.D.
Pennathur Sundaram, M.B.B.S.
Michael A. Tobias, M.B., Ch.B.
I. David Todres, M.B., Ch.B

BIOCHEMICAL RESEARCH

Wei-chiang Shen, Ph.D.
Linda D. Mauck, Ph.D.

McLean Hospital

List of Officers and Staff of McLean Hospital begins on page 240.

Massachusetts Eye and Ear Infirmary

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary, an adjacent but independent specialty hospital. Their staff becomes a part of the staff of the Massachusetts General Hospital and is as follows:

MEDICAL STAFF

DEPARTMENT OF OPHTHALMOLOGY

ACTIVE STAFF

Acting Chief of Ophthalmology
Charles D.J Regan, M.D.

Surgeons in Ophthalmology

Claes-Henrick Dohlman, M.D.
W. Morton Grant, M.D.
Sumner D. Liebman, M.D.
Abraham Pollen, M.D.
Charles D.J. Regan, M.D.
Karl Riemer, M.D.
Alfred W. Scott, M.D.
Earl S. Seale, M.D.
Taylor R. Smith, M.D.

Associate Surgeons in Ophthalmology

D. Robert Alpert, M.D.
S. Arthur Boruchoff, M.D.
Robert J. Brockhurst, M.D.
Thomas P. Cronin, M.D.
David D. Donaldson, M.D.
Warren D. Haley, M.D.
Ichiro D. Okamura, M.D.
David H. Scott, M.D.

Assistant Surgeons in Ophthalmology

Lloyd M. Aiello, M.D.
Frederick B. Breed, M.D.
John M. Carroll, M.D.
Richard F. Chapman, M.D.
Hal-McKenzie Freeman, M.D.
Carl G. Freese, Jr., M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
Thomas B. Hutchinson, M.D.
Robert C. Lawlor, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
George M. Olive, M.D.
Irving L. Pavlo, M.D.
Robert A. Peterson, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
Baruch J. Sachs, M.D.
Richard J. Simmons, M.D.
Donald Weis, M.D.
Michael Wiedman, M.D.

Assistants in Ophthalmology

Robert A. Bellows, M.D.
Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
Don Carl Bienfang, M.D.
Leo T. Chylack, M.D.
Eugene C. Ciccarelli, M.D.
Robert A. d'Iorio, M.D.
Elliot M. Finkelstein, M.D.
Albert R. Frederick, M.D.
Alexander R. Gaudio, M.D.
Robert A. Gorn, M.D.
Arthur S. Grove, M.D.

Paul D. Hurley, M.D.
Eric Johnson, M.D.
Joseph C. Kim, M.D.
Robert S.L. Kinder, M.D.
Mohandas M. Kini, M.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
Brent W. Lambert, M.D.
Deborah P. Langston, M.D.
Eva Martola, M.D.
Ernest J. Meyer, M.D.
Joseph Michon, M.D.
David Miller, M.D.
Peter B. Mooney, M.D.
Silvio R. Pirquet, M.D.
Ronald C. Pruett, M.D.
Gerald D. Rogell, M.D.
John G. Sebestyen, M.D.
Harvey H. Slansky, M.D.
Richard H. Thoft, M.D.
Felipe I. Tolentino, M.D.
David S. Walton, M.D.
*Shirley Wray, M.D.

*Neuro-Ophthalmology

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Paul A. Chandler, M.D.
David G. Cogan, M.D.
Edwin B. Dunphy, M.D.

Senior Consulting Surgeons

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Harry E. Braconier, M.D.
Virgil Casten, M.D.
Joseph M. Clough, M.D.
Mahlon T. Easton, M.D.
Trygve Gunderson, M.D.
Carl C. Johnson, M.D.
Brendan D. Leahy, M.D.
Henry A. Mosher, M.D.
Charles L. Schepens, M.D.
Albert E. Sloane, M.D.
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Francis J. West, M.D.

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Parker Heath, M.D.

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Donald K. Lewis, M.D.
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Daniel Miller, M.D.
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Associate Surgeon
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Subdivision of Otoneurology
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**Plastic Surgery

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Maurice G. Evans, M.D.
John R. Frazee, M.D.
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Herman J. Sternstein, M.D.

Assistant Surgeon in Otolaryngology
Elizabeth DeBlois, M.D.

Assistants in Otolaryngology

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Morris Swartz, M.D.

ASSOCIATE STAFF

Associate Surgeons in Otolaryngology

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Robert Wayne Clubb, M.D.

COMMON TO BOTH SERVICES

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Assistant Anesthesiologists

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James A. Jovenich, M.D.
Audrey A. Lewis, M.D.

**Plastic Operations

Assistants in Anesthesiology

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Thomas J. Keenan, M.D.
Jin Woo Kim, M.D.
Fatin Onat, M.D.
Ismail Seda Sensel, M.D.

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Alfred Weber, M.D.

Chief Radiological Technician
Walter Fogelle

Radiologist
Alexander S. Macmillan, Jr., M.D.

Consultants in Radiology

Milford Schulz, M.D.
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

Internal Medicine
Richard Field, M.D., *Consultant*

Microbiology
Anita Mangiaracine, A.B., *Microbiologist*

Supervisor of Clinical Laboratories
Janis Avallone

One Hundred and Fifty-ninth Annual Report of the Trustees

On January 1, 1972, Dr. Benjamin Castleman assumed the position of Acting General Director of the hospital. His lifetime service in the Department of Pathology, his service on almost every important staff committee at one time or another, and his service as Chairman of the General Executive Committee prepared him for this new and important role.

On May 12, 1972, Mr. John E. Lawrence announced the recommendation of the Search Committee for a sucessor to Dr. Knowles to the Board of Trustees, and Dr. Charles A. Sanders was unanimously elected General Director. An outstanding cardiologist, Dr. Sanders was program director for the MGH's Myocardial Infarction Research Unit, one of nine government-financed centers aimed at reducing death and illness from heart attacks. He also was directing the hospital's MEDLAB System, a computerized means of gathering and disseminating continuous information about critically ill patients. The system is one of a very few in the country. In addition, he was the head of the Cardiac Catheterization Unit where sophisticated diagnostic studies are performed on patients with heart disease—a necessary adjunct to cardiac surgery.

Mr. Lawrence, commenting on the appointment, said: "After a search that took us nationwide, we found the man we were looking for in our own hospital. In Dr. Charles A. Sanders we have selected a physician superbly qualified to accept the stimulating challenges facing America's medical-care system today. We were especially impressed with his reputation for devotion to improving patient care, his interest in outpatient services and community medicine, and his proved ability as an administrator of large programs reaching into various departments of the hospital. With the dynamically changing needs of society, the incoming director will have the vital responsibility of maintaining the balance between the hospital's role as a center for the critically ill and its obligation as a general hospital to the community. This will require the constant seeking of new methods to deliver health care more effectively, more efficiently, and more economically. I am confident that under Dr. Sanders' leadership the MGH will preserve its tradition as a general hospital standing in the forefront of medicine, providing the best care possible to whoever is in need of its help." Dr. Sanders assumed the office on September 1,

1972.

Under the direction of Dr. Castleman during the first nine months, the Trustees were concerned with a number of important issues. The emergency legislation requiring a certificate of need for the new Cox Cancer Center delayed the ground breaking until May 12. During the first three months of the year there were a number of meetings with civic groups and the Public Health Council. Through the good offices of the Acting Commissioner of Health, Dr. Henry W. Kolbe, the procedures for the awarding of our certificate were expedited, and consequently, minimum additional costs were incurred by this delay.

Dr. Castleman was faced with new problems in the management of the hospital under Phase II of the President's Economic Stabilization Act. Also, after Dr. Sanders took over, the two-year contract between the hospital and Blue Cross expired. For the first time the Governor's rate-setting commission failed to approve a contract agreed to by the hospitals and Blue Cross, and in many instances hospitals throughout the state were facing the necessity of billing Blue Cross patients directly for services rendered. On December 31st, this was still unresolved.

To further complicate the financial situation, through an error in the drafting of legislation authorizing state payment to vendors under Medicaid and signed by the Governor in the last hours of the legislature in June, a sentence was left out which allowed the new legislation to pay for obligations of the Welfare Department contracted prior to April 1, 1972, on Medicaid, and prior to July 1, 1972, on general relief cases. Consequently, the MGH initiated legal action against the Governor and other state authorities. The Massachusetts Hospital Association at the same time filed suit on behalf of its membership. However, it was believed that there would be a resolution of this situation once the legislature convened in January of 1973. However, the two situations, the lack of a contract with Blue Cross and the delay in the approval by the Rate Setting Commission, and the lack of new authority for the retroactive payment in the Medicaid legislation caused the accounts receivable to soar and necessitated heavy borrowings by the hospital for necessary cash flow.

On February 4 the Trustees, on recommendation of Dr. Castleman, approved the plan for the renovation of the upper two floors of Walcott House for house officers' quarters. Dr. Castleman's recommendation settled for the foreseeable future the need for providing new and more adequate housing facilities for on-duty house staff, and at long last it was possible to demolish the Parkman Street

houses which had served this purpose inadequately for many years.

On March 3, on recommendation of the Planning and Building Committee, the Trustees voted to reactivate the plans for the moving of the Medical Wards, and the architects, Perry Dean and Stewart, were authorized to proceed with drawing plans.

In March Dr. Daniel D. Federman, Acting Chief of the Medical Services, presented the Trustees with a plan to establish an active health-care center in Chelsea which might serve the surrounding cities of Everett, Revere, and Winthrop. These negotiations were actively discussed, and Miss Eleanor Clark, Director of the Social Service Department, was appointed Chairman, Coordinating Committee of Community Programs. The Charles E. Merrill Trust made a substantial grant for the extension of the services of the hospital in Charlestown and Chelsea.

At the same time, Dr. Kenneth Bird received further support from the Boston Port Authority to extend the services of the MGH Clinic at Logan into East Boston.

In early April, at long last, the first of the new garages on North Grove Street was opened, and the second was completed six weeks later. For the first time, there were adequate parking facilities adjacent to the hospital for patients, visitors, and staff.

On September 14 the Trustees and the Castleman Portrait Committee gave a reception in honor of Dr. Castleman and formally accepted his portrait which has been placed next to that of his former chief, Dr. Tracy B. Mallory, in the Mallory Library.

On October 6, 1972, the Trustees accepted with profound regret the resignation of Phillips Ketchum from his MGH corporate offices, and a minute was incorporated in the Trustees' records of that day reviewing his role as Trustee and Treasurer commencing in 1928. At the same time Mr. Gray was appointed Honorary President to replace Mr. Ketchum, and Mr. Edward L. Bigelow was appointed President.

Ether Day was celebrated in the usual fashion with service pin ceremonies presided over by Mr. John E. Lawrence and Dr. Sanders.

Mr. S. Lang Makrauer was appointed Trustee by Governor Sargent on August 3, 1972.

The Scientific Advisory Committee met on December 8 and December 9, and Dr. Harry Eagle, Associate Dean of Scientific Affairs, Albert Einstein College of Medicine, and Dr. Lloyd H. Smith, Chief of Medicine, University of California Hospitals at San Francisco, joined the committee. This meeting marked the twenty-fifth anniversary of the Scientific Advisory Committee. These deliberations over the years have been most helpful to the Trustees in

developing policy with the research community of the hospital.

It is with profound sadness that we report the death in the late spring of Dr. Nathaniel W. Faxon, Director Emeritus of the hospital. Dr. Faxon's career at the MGH spanned nearly 45 years with several interruptions. During his tenure, the George Robert White Building, the Chapel, and the Vincent-Burnham Building were erected. Since his retirement in 1949, Dr. Faxon maintained his interest in the hospital and wrote the history of the hospital from the date of Dr. Washburn's record to 1961.

Dr. Chester M. Jones, internationally famed gastroenterologist, died this past summer in New Hampshire. He had been actively involved in the hospital since 1921. Even after his retirement from the staff, he maintained his ongoing interest, serving on several committees including the Chairmanship of the Volunteer Committee. He organized the Gastrointestinal Clinic in 1923, which he headed as chief until 1945.

In the autumn the Trustees were notified of the death of Edward D. Churchill, whose entire professional life had been spent at the MGH until his retirement in 1962 as Chief of the General Surgical Services. At the time of Dr. Churchill's retirement, Dr. Oliver Cope, his longtime surgical associate at the MGH, wrote: "His has been a life continuously full of intellectual and surgical activity. As the surgical work and patient care became less demanding, the time freed was more than filled with the labors of the mind. And such is the genius of Churchill."

The McLean Hospital, whose affairs are handled by a McLean Committee of the Trustees headed by George Putnam of the Board of Trustees, reports another successful year. Over 1,000 patients were in active treatment at year-end either in the inpatient service or in one of the hospital's partial and aftercare facilities.

The single most significant event of the year was the appointment on July 1 of Dr. Shervert H. Frazier as Psychiatrist in Chief at McLean and Professor of Psychiatry at the Harvard Medical School. His broad experience in diverse professional fields combined with his boundless energy assures a new era for McLean's clinical, teaching, and research programs. By year-end, in three short months, he had already made a significant impact on the hospital.

Other key appointments and matters relating to the organization of the hospital developed during the year. The report of the Harvard Laboratory of Community Psychiatry, whose services were sought by McLean to assist it in reappraising its organization and mission of serving the community in the years ahead, was received and will

prove of tremendous value to the new Psychiatrist in Chief.

A further opportunity to review the internal organization of the hospital occurred when the rules and regulations for the McLean medical staff were rewritten in accordance with the new By-Laws of the MGH Corporation. As a result, a General Executive Committee was established at McLean analogous to that in effect at the Massachusetts General Hospital. This means that for the first time there is an Executive Committee of the medical staff of McLean representing their broad interests, which functions as a policy-recommending body to the Psychiatrist in Chief and the Director, and through them to the McLean Committee and the Board of Trustees. Lastly, the Utilization Review Committee, which coordinates the varied medical records and utilization review functions of the hospital, was reviewed and restructured under Dr. Robert Hopkins, its chairman.

As key organizational posts developed during the year, individuals with strong leadership and expertise were sought. Upon the sad and untimely death of Mr. Thomas J. Burley, who served as hospital comptroller for 17 years, a successor was sought with a strong background in finance and financial management, with extensive experience in business, the cost-concerns of which hospitals increasingly must share. That search ended with the appointment of Mr. Robert L. Murphy as comptroller and assistant director for fiscal affairs.

With the resignation of Dr. Lawrence A. Stone, director of planning for the Children's Center, the hospital began a search for a director of child psychiatry. By fiscal year-end, the appointment of a child psychiatrist with extensive clinical and teaching experience in the field was imminent.

Dr. de Marneffe reports that at year-end it was clear that McLean was in a period of transition. The hospital had changed much in the recent past and would change even more greatly in the years ahead. And this is as it should be. The life process of institutions, as with nature and people, is one of continuous change, readaptation and redirection to new potentials. It is this process in which the hospital is engaged.

At the Annual Dinner of the Corporation held December 18th, Mr. Lawrence on behalf of the Trustees thanked Dr. Castleman for his magnificent role as Acting General Director and for his contributions to the hospital over his long span of years as pathologist and subsequently, Chief of the Pathology Department.

It is most appropriate, also, at this time to extend our gratitude to

the staff and administration for the splendid cooperation given to Dr. Castleman and the Trustees during the transition period and also to thank the many thousand very generous friends and contributors of the hospital who helped financially support, during the past year, many important projects which helped to maintain the pre-eminence of the hospital in research, teaching and care of the patients as well as contributing to the capital needs and construction funds by gift and bequest.

W. NICHOLAS THORNDIKE
LLOYD D.BRACE
For the Trustees

Report of the General Director

It is an honor to submit the Annual Report for the year 1972, my first as General Director.

This year has been one characterized by transition in a number of areas. Dr. Benjamin Castleman became Acting General Director on January 1, succeeding Dr. John H. Knowles. He served or the first eight months of the year before returning full time to his position as Chairman of the Department of Pathology. All of us who are familiar with the great capacity and energy of Dr. Castleman would have expected his time as Acting General Director to be marked by a number of accomplishments; such was the case. During his tenure, the revised Rules and Regulations of the Medical Staff were formally ratified and put into effect. Construction was completed on the parking garages in front of the White Building, and for the first time in modern history, at least, there is now adequate parking available to all members of the staff and visitors to the MGH. Of particular note is the landscaping around the garages, including the planting of trees which reflects the MGH's concern in restoring and maintaining the appearance of the inner city. This landscaping has received much favorable comment from the local community, visitors, and hospital staff. The house officers were relocated in the Walcott. In addition, through Dr. Castleman's remarkable efforts a Certificate of Need was obtained for the Cox Building, the new Cancer Management Center, and construction was begun. Completion of this building is scheduled for the middle of 1974, and at the present writing the construction is right on schedule. Dr. Castleman was also instrumental in facilitating the further development of plans for moving of the Medical Services from the Bulfinch Building to the new Gray Tower and for upgrading and relocating a number of other activities within the White and Gray Buildings. At present, a Certificate of Need application is being prepared for this move. Upon obtaining approval from the Public Health Council, construction will begin, and hopefully the Medical Services move will be completed within the next three years, providing of course that we will be able to raise the necessary funds to pay for the project.

During 1972, two major clinical posts have been filled at the MGH. Dr. Henry J. Mankin has become the Edith Ashley Professor of Orthopaedics and Chief of the Orthopaedic Service, while Dr. Shervert H. Frazier is Psychiatrist in Chief at the McLean Hospital

and Professor of Psychiatry at Harvard Medical School. Both physicians are nationally distinguished for their multiple contributions to their fields. Although Drs. Mankin and Frazier have only been with us for a short time, it is already clear that their services will reflect the proud traditions of the MGH in patient care, teaching, and research. While we have gained two fine leaders, I must regretfully report the loss of Dr. Daniel D. Federman to the Stanford University Medical School. Dr. Federman has long been recognized as one of the finest human beings and most inspiring teachers to grace the halls of the MGH. Not surprisingly, other medical schools in the country have recognized these talents, and Dan has accepted the Chairmanship of the Department of Medicine at Stanford. It is an opportunity worthy of his talents, and he goes with the best wishes of all members of the MGH community.

There have been several new developments in teaching and patient care. One of our great needs here at the MGH over the past several years has been to attract young physicians to practice general internal medicine or deliver so-called primary care. In the age of great specialization, we have not encouraged the growth of the generalist as much as we should. Thus, with the support of Drs. Federman, Alexander Leaf, John D. Stoeckle, and Castleman the Internal Medicine Associates has been established in the Medical Clinics for the purpose of developing a primary care medical group. It is my personal hope that this new group will flourish and provide continuity for the type of care which such distinguished physicians as Dr. Myles P. Baker and Dr. Alfred Kranes have been giving their patients here for so many years. Primary care is also a national need, and to train physicians to meet this as well as our own needs, Drs. Leaf and Stephen E. Goldfinger and their colleagues plan to institute a primary care house staff training program, beginning in July of 1973. I should also like to point out that in terms of new training programs, Dr. Mankin has developed a Harvard-wide residency program with his colleagues at the Children's and Peter Bent Brigham Hospitals. Obviously, this has the advantage of allowing residents to gain a broader experience in orthopaedics, and this regionalization of personnel must be considered to be an important advance in residency training.

Scientifically, the MGH has continued to maintain its role of leadership in many areas. Specifically, Drs. Myron B. Laver, Mortimer J. Buckley, Jr., Allan Goldblatt, and W. Gerald Austen have developed a new technique where cardiopulmonary bypass can be carried out by removing all blood from the patient and using only

oxygenated saline. This technique has advantages in patients with rare blood types in whom the supply of blood replacement is limited and in reducing requirements for blood in other patients undergoing open heart surgery. This development has been acclaimed nationally. Similarly, the Registry of Clear-Cell Adenocarcinoma of the Genital Tract in Young Females, originally established at the MGH by Drs. Arthur L. Herbst and Robert E. Scully to follow up the shocking observation that stilbestrol given to pregnant mothers may be an important contributing factor in the development of vaginal cancer in their offspring, is receiving wide attention. A wealth of new information contributing to the understanding of the genesis of tumors in adolescent girls is being uncovered. The work of Dr. D. Michael Young and Dr. Barry G.W. Arnason in evaluating the potential role of nerve growth factor in producing neurological disease reflects the very best in MGH research; i.e., bringing the expertise of the basic scientist to bear in solving the problems of human disease. Of a more fundamental nature, Dr. Winfried Boos in Dr. Herman M. Kalckar's laboratory has isolated the protein responsible for sugar transport into the cell. This discovery has attracted national attention because of its basic importance in understanding normal metabolism. The travels of Dr. Leaf have recently been reported in the *National Geographic Magazine*. As you may recall, Dr. Leaf in his sabbatical year visited Peru, Hunza, a small kingdom in the Hindu Kush, and the Georgian region of Russia to explore the reasons why people in these regions lived well beyond the age of 100 in many instances. His observations have created an enormous amount of interest in the poorly understood process of aging or gerontology. Thus, in addition to being a world-renowned kidney expert, Dr. Leaf is gaining a similar reputation as a gerontologist.

Although teaching and research are of fundamental importance to the vitality of the institution, the primary mission of the hospital continues to be the delivery of the best medical care available to those who come to us for treatment. The high rate of bed occupancy in the past year reflects the confidence placed in us by the public and referring physicians. There are many specific accomplishments of which we can be proud. To mention a few: The activities of the cardiology staff have made the MGH a regional hospital for heart disease in New England. Similarly, the newborn nursery has become the regional center for respiratory distress syndromes common in premature infants. The new Cox Building for cancer management will be unique not only in terms of its radiation equipment but in housing the disciplines of radiation medicine, medical and surgical

oncology under the same roof. The latter arrangement will allow this team of specialists to focus on the patient during a single visit so that a treatment plan can be devised and carried out in a rapid and effective manner. In addition, agreements with neighboring hospitals to utilize this facility for the treatment of their patients are being developed so that a network of hospitals can utilize the cancer management center as their therapy center. It is this type of regionalization of facilities which should characterize the development of the health care delivery system in the United States in the future. Despite these encouraging developments, however, the high cost of medical care remains a source of ever-growing concern to all of us. At this time the average room cost in the MGH exceeds $100 per day. The reasons for the high cost of health care are multiple (including general inflation), but it must be remembered that in the time prior to 1960, the wage of the hospital worker was extraordinarily low, and in fact such low wages in effect subsidized health care. Beginning in the early 1960's the wages of the hospital worker have gradually risen to the point where now they are competitive with virtually any other industry; thus the minimum wage has risen from $1.05 an hour in 1959 to $2.50 an hour in 1972—an increase of 138 percent. At the same time there has been a 1500 percent increase in fringe benefits, largely imposed by governmental legislation. In addition, remarkable developments in technology have allowed us to develop new life-saving measures which have contributed further to costs by increasing the number of hospital workers. In contrast to industry where technological development usually reduces labor costs, technological advances in hospitals have made us more labor-intensive; approximately two thirds of the total hospital cost is due to wages. As Mr. Lawrence E. Martin, our Comptroller, recently pointed out, it has come time for society to decide just exactly how much it is willing to pay to save a life. Obviously this is a difficult decision, but one which cannot be made unilaterally by the medical community.

In the years ahead, I believe we will look back on 1972 as a year of change for the health industry in general and for the Massachusetts General Hospital in particular. Many forces have been at work to influence our methods of delivering medical care, defining new responsibilities for the hospital, and threatening our ability to continue research into those factors producing human disease. Thus, at this time it seems appropriate for us to ask what kind of hospital we are, and more importantly, what kind of hospital we want to be. We have characterized ourselves in the past as being a community

hospital, and indeed we are. For example, nearly one third of our inpatient beds are occupied by people from the City of Boston itself, and 80 percent of the inpatients come from within 25 miles of the hospital. Almost 45 percent of the over 200,000 visits paid to the OPD each year are by people from the City of Boston itself, with the great percentage of the remainder coming from within the 128 circle. Similar statistics can be quoted for the Emergency Ward. It is clear the hospital remains one whose energies are devoted to care of those people residing in the Greater Boston area. Thus, patients come to us not only for specialty care but also for primary care, and from this experience the future directions of the hospital can be charted. It seems unlikely that we will need to build any additional beds in the near future. Nor does it appear necessary or wise to increase the number of intensive care unit beds which account for approximately 10 percent of the total beds at this time. The major thrust of the hospital in the future should be to strengthen and extend our ambulatory efforts in the surrounding communities of Charlestown, Chelsea, the North End, and other population centers within our natural cachement area. These efforts, combined with our own ambulatory clinic, should provide a sound basis for delivering comprehensive health care and developing new methods of health financing such as prepayment. At the same time we must continue our commitments to the breadth of medical research, for only through efforts such as these will we discover the methods to conquer disease. There is still much to be done!

It is becoming increasingly clear, however, that the future directions of the hospital will be shaped in large measure by outside forces, including federal and state legislation and the needs of the city. In 1972, Public Law 92-603 was passed, which will have a profound impact upon the practice of medicine. Although dealing only with those patients entitled to social security, there are provisions in the law which provide for review of the quality of care given patients by physicians and for monitoring appropriate utilization of hospital beds. Emphasis is placed upon ambulatory services to reduce health care costs. There seems little question that similar actions will be taken by other third party carriers with the passage of time. The mood of the country, then, is one to encourage—no, in fact, *to demand*—an increasing accountability of the actions of doctors and hospitals in delivering health care in an effort to improve health care delivery and to minimize cost. In addition, we are posed with the problems of applying existing knowledge to improving the delivery of health care without adding to costs. Other landmark

health measures are under consideration by both state and federal governments, and federal funds to support research and training of young physicians appear likely to be phased out. The loss of this vital group of people will affect seriously the ability of the hospital to carry out its goals not only in research but also in teaching and, to a lesser extent, in patient care. Such a policy is shortsighted, since it effectively wipes out the continuing stream of medical educators and researchers for the future. Research grants themselves appear destined to be cut as well, but hopefully not as severely as the training grants. These are the challenges which have been presented to us in the year 1972, challenges which will require us to adapt and perhaps in some instances to change radically. However, of all the institutions in the world, the MGH is the best equipped to face new problems and deal with them successfully. With the dedication and guidance of the Board of Trustees and those remarkable people who make up the MGH family, there is no question that this hospital can meet the challenges of the time, contribute to the betterment of our society, and continue to be the best hospital in the world.

CHARLES A. SANDERS, M.D.
General Director

Report of the General Executive Committee

The activities of the General Executive Committee during 1972 reflect in large measure the pressures and aspirations of society generally and in particular as they impinge upon a teaching hospital. Major decisions included important appointments at the General Director level and in Orthopaedic Surgery and Psychiatry; reorganization of the Orthopaedic and Neurosurgical Services; continuing analysis of the impact of governmental and fiscal policies on hospital operations; replication in Chelsea of the Bunker Hill Health Center; conducting major reviews of MGH policy concerning hyperalimentation, innovative therapy, abortion, operating room utilization, critical care, medical engineering, utilization and peer review mechanisms, leaves of absence, terms of service, and institutional priorities. During the year, the MGH was visited by the Joint Commission on Accreditation of Hospitals and a delegation of physicians from the People's Republic of China. Of these and other GEC activities, only several will be discussed. By virtue of its actions and recommendations, the General Executive Committee sought to maintain the Hospital's balanced ecology, i.e., the relationships between patient care, teaching and research.

The General Executive Committee enjoyed the benefit of wise counsel from the Acting General Director, Dr. Benjamin Castleman, until September when Dr. Charles Sanders was appointed the hospital's new General Director. This key appointment was received with the greatest of enthusiasm not only by the General Executive Committee but by the entire staff and associates of the hospital.

Other important appointments include that of Dr. Henry J. Mankin as Chief of Orthopaedic Surgery and Dr. Shervert H. Frazier as Psychiatrist-in-Chief at McLean Hospital. Members of the GEC elected by the staff include Drs. Roman DeSanctis, George Nardi, and Austin Vickery. Dr. George Baker, as the new Chairman of the Utilization Review Committee, also assumed a position on the GEC. In its efforts to facilitate communications, Mr. Martin Bander of the MGH News Office was invited to attend all meetings.

Many GEC actions in 1972 further extend the commitment of the institution to the outlying community. After considerable discussion and negotiations, the Committee recommended to the Trustees approval of a health care center in Chelsea. At the request of Dr. Alexander Leaf, the GEC approved the establishment of a postgradu-

ate training program for interns and residents with emphasis on ambulatory services for adult patients. This new program is especially designed for house officers wishing to prepare for careers in primary-care medicine. To further develop our efforts with the public the MGH serves, two new Standing Committees on Community Programs were formed: a Coordinating Committee chaired by Miss Eleanor Clark with generic responsibility for developing community programs, and an Evaluation Committee chaired by Dr. Stephen Goldfinger to independently assess and advise the established MGH community programs and their senior staffs. A program was approved for the Department of Radiation Medicine which will regionalize with the Mt. Auburn Hospital the radiation treatment of appropriate patients in both hospitals.

The Committee approved a major reorganization of orthopaedic activities on the ninth floor of the White Building. The proximity of the Massachusetts Rehabilitation Hospital precludes the necessity of continuing the rehabilitation unit which has occupied that area for many years. At the request of Dr. Henry Mankin, an Upper Extremity Surgical Unit has been established on White 9 which is the first of its kind in the U.S.A. This new program is headed by Dr. Robert Leffert of the Orthopaedic Department.

A thorough and detailed study of the care of the critically ill patient at the Massachusetts General Hospital was reported to the GEC. Many recommendations were approved and a new Standing Committee on Critical Care under the chairmanship of Dr. Roman DeSanctis was created to implement the changes approved. The Committee supported with enthusiasm the decision of the Nursing Service to appoint Sister Kateri as Chairman of the Intensive Care Nursing Service.

To improve efficiency in the patient support area, the General Executive Committee reorganized its monitoring division and medical engineering group into a new Department of Medical Engineering and appointed Dr. Jozef Cywinski its Director. Further efficiency is anticipated when the five segments of the new department are coordinated in a single area. This essential change is planned for 1973.

The vicissitudes of medical funding were of great concern to the GEC. To keep itself informed, it was frequently briefed by Mr. Lawrence Martin, the Hospital's Comptroller. It is unlikely that these problems will be soon resolved, and the Committee will continue its efforts to improve efficiency and productivity.

Through its member, Dr. George Baker, Chairman of the Utiliza-

tion Review Committee, the GEC is kept fully current in this important area. Several proposals for systematizing peer review mechanisms were discussed, and general plans are being developed at the department level.

In late August, the MGH was visited by members of the Joint Commission on Accreditation of Hospitals for their periodic review of the Hospital's activities. The MGH was again accredited for the maximum two-year interval, and the GEC considered in detail the recommendations of the Joint Commission. Many of these will be implemented in the coming two years and are designed primarily to monitor and improve the operations of the hospital and its staff.

Major organizational changes regarding the functions of the operating rooms were also approved by the GEC. Utilization continues at an increasingly high level and double utilization of specific operating rooms was approved following a successful pilot study. Regionalization of operating rooms by service was extended to include the Departments of Urology, Gynecology, and Orthopaedics. New methods of scheduling are being introduced, and multiple measures to improve efficiency are planned. These will be implemented by a new four-man Operating Room Executive Committee representing Administration, Surgery, Anesthesia, and Nursing.

Our report indicates primarily the decisions of the GEC in the past year. It reflects inadequately the efforts expended by other members of the professional and supporting staffs in counseling the GEC and implementing its decisions. The General Executive Committee actions then more truly represent the collective wisdom of the hospital's greatest resource—its people.

RICHARD J. KITZ, M.D. *Chairman*
EARLE W. WILKINS, JR., M.D. *Vice Chairman*
RAYMOND D. ADAMS, M.D.
W. GERALD AUSTEN, M.D.
GEORGE P. BAKER, JR., M.D.
BENJAMIN CASTLEMAN, M.D.
MISS ELEANOR CLARK
ROMAN W. DeSANCTIS, M.D.
LEON EISENBERG, M.D.
THOMAS B. FITZPATRICK, M.D.
SHERVERT H. FRAZIER, M.D.
WALTER C. GURALNICK, D.M.D.
SEYMOUR S. KETY, M.D.
ALEXANDER LEAF, M.D.

MISS MARY E. MACDONALD, R.N.
HENRY J. MANKIN, M.D.
GEORGE L. NARDI, M.D.
ELLSWORTH T. NEUMANN, M.D.
GEORGE R. PROUT, JR., M.D.
CHARLES A. SANDERS, M.D.
HERMAN D. SUIT, M.D.
WILLIAM H. SWEET, M.D.
NATHAN B. TALBOT, M.D.
JUAN M. TAVERAS, M.D.
HOWARD ULFELDER, M.D.
AUSTIN L. VICKERY, M.D.

Report of the Committee on Research

This year represents the twenty-fifth anniversary of the establishment of the Committee on Research by the Trustees and Staff "to promote, facilitate, and guide research affairs at the Massachusetts General Hospital, in the belief that the staff would serve its cause better as partners than as individuals." The responsibilities of this Committee were further outlined in its charter:

1. Evaluate all current research projects.
2. Recommend to the Board of Trustees the establishment of medical research units.
3. Review all grants-in-aid in accordance with the procedure approved by the Board of Trustees.
4. Recommend to the Board of Trustees the disbursements of all available research funds.
5. Appoint all committees essential for maintaining a strong research program.

The first Scientific Advisory Committee consisting of Karl T. Compton, Herbert S. Gasser, and Eugene M. Landis met on December 12 and 13, 1947. Their report emphasized the importance of an active program of research which should include clinical investigation, research of more fundamental character which is either stimulated by clinical investigation or directed toward eventual clinical application, and also "researches of a character so fundamental that they will be generally stimulating and illuminating to the entire staff even though not directly related to any specific disease at the present moment." With remarkable insight the report also included the following caveat: "We believe that it is proper to solicit and accept Federal funds in support of the research program of the Hospital subject to the important provision that funds should not be accepted under conditions which would impair the control and freedom which are essential to the successful continued operation of an independent hospital." In the past two years, the Committee on Research has had frequent occasion to be reminded of that advice and has moved in a direction to implement it.

Pursuant to its mandate, the Committee on Research has relied heavily upon the work of a number of subcommittees in the carrying out of its several responsibilities. It continues to review all grants-in-

aid of research through the activities of a large and hard-working subcommittee which, for the past year, has been under the chairmanship of Dr. Michael Young. Long before the National Institutes of Health had made it a part of their grants policy, this hospital had recognized the importance of ethical considerations in human research studies, and the Committee on Research had established a Subcommittee on Human Studies. During the past year that subcommittee, under the chairmanship of Dr. Edgar Haber, has concentrated upon the formal aspects of informed consent to develop a consistent and unified policy. Between them, these two subcommittees have demonstrated the wisdom and effectiveness of peer review of research for scientific quality and ethical responsibility. At their insistence, the Executive Committee of the Committee on Research brought to the attention of the General Executive Committee of the hospital the wisdom of peer review of innovative therapy. The Subcommittee on Research Safety under Dr. Jesse Scott and the Subcommittee on Animal Farms under Dr. Charles Huggins have kept the research community aware of developments and problems in their respective areas. The Subcommittee on Research Colloquia under Dr. John Potts, in addition to arranging stimulating scientific programs for the meetings of the Committee on Research, arranged two highly successful evening colloquia. At one of these, Dr. Hans Lukas Teuber provided a brilliant discussion of the psychological processes involved in scientific discovery. At the other, Dr. David Hubel presented a description of his elegant research on the neuronal processing of visual information. The Subcommittee on Bioengineering and Developmental Research, under the chairmanship of Dr. John Burke, effected a major reorganization of that important facility, resulting in its designation as a department with Dr. Jozef Cywinski as its chief. Because the lion's share of the work in bioengineering at the hospital has been in the area of patient care, it was reasonable that the Department and the Subcommittee on Bioengineering be transferred to the General Executive Committee of the hospital.

A number of issues developing in the course of the past year dealt with both research and grant policy and were considered by the two respective subcommittees meeting in joint session. The first of these had to do with the formulation of policy with regard to large, targeted, center grants and contracts. The problems arising from these had been presented to the Scientific Advisory Committee at its meeting on December 3 and 4, 1971. The members of that committee shared the concern of the Committee on Research, and especially

decried as unproductive and wasteful the inappropriate use of the contract mechanism in lieu of grants to support broad areas of research where neither the questions nor the answers could be seen or specified in advance. The Scientific Advisory Committee felt, however, that large center and program grants could play a salutary role in the support of research at this hospital, provided they were well integrated with the long-term plans of the scientific and administrative community and produced no obvious imbalance. They recommended urgently that a special committee be organized to be charged with the review of all program and center grants with yearly budgets exceeding $200,000 or involving more than one department or unit of the MGH. The Subcommittee on Grants Policy and Management was commissioned to evaluate such program and center grants and did so over the course of the year. That subcommittee, in association with the Subcommittee on Research Policy, was also asked to continue discussions leading to the development of new policies and guidelines which will be required by the altered pattern of Federal research support. Those policies were to be designed to assure compatibility between large targeted research grants and the long term goals of the institution to achieve balance, representation of the scientific community, increased communication, flexibility, and a broad interpretation of relevance, including that which is inherent in very fundamental research.

The second problem, that of long-term planning, began to be defined in May of this year when the Executive Committee on Research assisted the Acting General Director in formulating a policy with regard to the review of space utilization in the hospital in which the desirability of long-range planning rather than *ad hoc* decisions became evident. Conversations with Dr. Charles Sanders following his appointment as General Director of the hospital made it clear that he would welcome the advice of the Committee on Research in these areas. The two subcommittees were formally consolidated into the Subcommittee on Research Planning and Policy with Dr. Jerome Gross as chairman. The Committee on Research had the opportunity to present to the Scientific Advisory Committee at its meeting December 8 and 9, 1972, the questions: "Should some kind of systematic planning be involved in the continuing evolution of the research program of the MGH? Can a mechanism be developed for advising the General Director and the Trustees regarding promising areas of new research, appropriate diversification, and balance in the allocation of space and resources of the hospital, and in the response to national trends and policies?" The recommendations of the

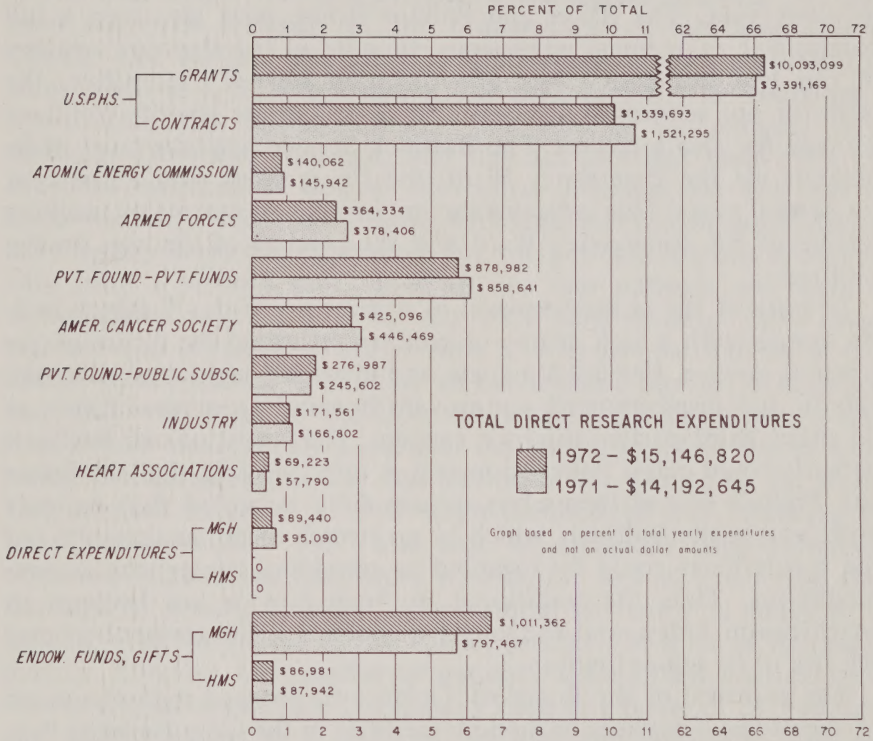
Subcommittee were presented to the Scientific Advisors by Dr. Gross. As a corollary of that issue, the Scientific Advisors also heard presentations by members of the Committee on Research and of the broader hospital community on the question, "Should the MGH continue its present policy to have at least one basic scientific research department unconnected administratively with any clinical service?" As the outstanding example of such a department, the history of the Department of Biochemical Research under Dr. Fritz Lipmann and more recently Dr. Herman Kalckar was presented.

In the course of the past year, an *ad hoc* committee to review the role and effect of the Scientific Advisory Committee was appointed with Dr. Paul Zamecnik as its chairman and including Drs. Kurt Isselbacher, Jerome Gross and Seymour Kety. The report which emerged was based upon an examination of the consensus of successive annual meetings of the distinguished scientists who have shared their wisdom with the Trustees and the staff of the hospital since 1947. One finds much there to support the conviction that research has played a crucial role in the evolution of this hospital and in its effectiveness and leadership in the treatment of patients, the teaching of medical students, and the training of physicians. It is also apparent that the strengths and viability of the research program have stemmed from a regard for both scientific excellence and breadth. It will take considerable wisdom and courage to preserve those qualities in the face of retrenchments in Federal research support and narrower and more superficial interpretations of relevance.

The scientific community of this hospital is a dedicated one, not only in terms of its pursuit of knowledge, but also in the willingness of its members to carry out the duties and exercise the responsibilities which are constantly required. I want to express my thanks especially to the members of the Executive Committee on Research and to the Chairmen and members of the several subcommittees for their dedication and service.

SEYMOUR S. KETY, M.D.
Chairman, Committee on Research

DIRECT RESEARCH EXPENDITURES FOR 1972



Report of the Medical Services

This has been another busy year for the Medical Services. The Bulfinch cared for 3,430 patients as compared with 3,441 in the previous year. The Baker and Phillips House have also seen a full component of medical admissions. In spite of the rigorous scrutiny of our bed occupancy by our Utilization Review Committee, the need for our services continues to increase and the severity of illness we care for also increases. The Bulfinch Service acquires most of its patients via the Emergency Ward; the figure being over 85 percent for several years. This indicates the importance to our major teaching service of the Emergency Ward and the severity of illnesses on the Bulfinch.

In spite of the reassuring level of utilization of our Bulfinch beds we remain with a high degree of concern regarding the future of our teaching service. Federal Medicare and Medicaid legislation offer the elderly and disadvantaged semiprivate hospital accommodations, as do other third party insurance carriers. Thus most of our Bulfinch patients could claim Baker rooms. It is only the fact that the Baker and Phillips House themselves remain fully occupied that patients must accept the Bulfinch, which by no stretch of the imagination (or the regulations) could be regarded as providing semiprivate accommodations. Thus the traditional Bulfinch Service has become an anachronism today, and the longer we occupy it the greater becomes the risk of its self-extinction.

The approval of the Board of Trustees to proceed with the move of the Medical Services to modern facilities in the Gray Building thus breathes new life into the Medical Services. This past year has seen close collaboration with our architects in drawing up the plans for the new Service. There will be four 18-bed units on Gray 5 through 9 with a 15-bed unit abutting on White 8, sharing that floor with Dermatology which will have a 10-bed service there. Gray 8 will be an 18-bed intensive care area replacing Bulfinch 3, and the other four units will bring our bed capacity up to the present quota of 87 medical beds. Thus there will be no increase in the balance of beds for the Medical Services in the hospital, and with the large commitment for more training of physicians and other personnel in our teaching hospitals we could hardly accept a decreased number of medical beds. As we move toward a single standard of facility and patient care for the hospital, the staffing arrangements on the new

teaching service will require our attention, and we look forward to planning the staffing in the best interests of patient care. For the present we eagerly await the Certificate of Need so that the carefully made plans can materialize into a patient care and teaching facility that will be second to none.

The next major development for the Medical Services this year has been the total redesign of the organization of our Ambulatory Clinics. The Medical Ambulatory Clinics have been a concern for many years as a depressed area within the hospital. The house staff has utilized this facility for the follow-up of the patients they discharge from the Bulfinch, and this has provided them with an excellent longitudinal view of the course of illness over the two or more years of their training here. Although supervision and teaching have lagged here, the experience for the patients too has undoubtedly been a positive gain. However, the new patients and faithful clinic return patients seen by our staff have received often fragmentary and sometimes cursory care. The traditional staffing of the Clinics on a mandatory basis by an overinflated number of Fellows and staff who came to the Hospital because of other interests and who viewed their weekly clinic half day as a distraction was in large measure responsible for the disaffection of the Clinics by the staff. This reached its acme in 1969 when the medical staff attending in the Clinics reached 191! The lack of amenities, the difficulty obtaining records and laboratory reports, the lack of scheduling, the shortage of nursing help and of secretarial assistance all added to a lack of professionalism in the Clinics practice. In spite of its many defects, however, the number of patients seeking their medical care via our Ambulatory Clinic has steadily risen to a figure of 21,940 this last year. Further, as a result of the high and increasing costs of hospitalization more of our patient-care activities will need to be conducted on an ambulatory basis.

Clearly it was time that we responded with appropriate changes to meet the needs. On July 1, 1972, our Clinics changed drastically, and it undoubtedly will be some time before the full impact of these changes is felt. The number of physicians working in the Medical Clinics has been reduced to 76 (including the house staff) without reducing the capacity to care for patients in the Clinics. All the staff are paid a nominal amount for their service as an incentive toward a higher level of professionalism in their commitment to the Clinic. A management board with its own budget for all the medical clinics and a group medical practice, the Internal Medicine Associates, were created. Better use of the facilities and staff, a program for instruc-

tion of house staff in "Ambulatory Medicine," expansion of the nurse practitioner training program, and a graduated fee schedule for all patients are already visible benefits from these new arrangements which profited from the thoughts and concerns of many of the Medical Services staff and of the hospital administration. Our expectations remain high for additional gains in the near future.

The birth of a medical group practice in our Ambulatory Clinics may be the most important event of the year for the Medical Services. As members of a devoted practicing staff have neared retirement age or have left the MGH for positions elsewhere, there has been some reluctance on the part of the excellent graduates from our residency training program to remain at the MGH to practice medicine. For years we have listened to their request to join a group practice in the hospital, and the Ambulatory Clinics group practice we hope will provide our answer. Though embryonic at present and destined to be born into the pinched quarters of our Ambulatory Clinics, it will have many problems ahead, but it should provide the base for recruitment of excellent staff for the Medical Services. Those who wish to practice and teach we hope will find this an appropriate arrangement while they experiment with new methods of delivering medical care. We hope too that this ambulatory group practice will interdigitate closely in its facet to the community with our outreach units in Charlestown and Chelsea.

This year a plan was approved for an internship and residency in primary adult medicine. Permission to accept two interns into this program in July 1, 1973, has been obtained from the GEC and Trustees. The training for these additional house staff will include 50 percent of inpatient training on the Bulfinch, private, and emergency services and 50 percent in the new Ambulatory Clinics and community outreach facilities. Other services have offered to contribute to the instruction of these interns in their own specialty but in the context of our medical clinics setting. We hope with this program to redress the balance of our house staff training which has become dominated by the very sick patients in the hospital and to respond to the needs of society for more available primary general medical care. Our new ambulatory group practice, together with our community programs, will provide the site for the instruction program, and we anticipate that we will develop a corps of skilled teachers in ambulatory care just as we have in inpatient care.

Toward the end of this year we have seen a major threat to the entire structure of postgraduate subspecialty training in Medicine. With funds to support postgraduate training available in research and

training grants, we have taken on Clinical and Research Fellows wherever the demand arose and the educational opportunity existed. This has led to an uncontrolled growth of these programs to 139 Fellows within the various specialty units of the Medical Services at present. This group is already protesting the reduction in their stipends following completion of their residency training. With the disappearance of training grants the future of such postresidency subspecialty training is very much in jeopardy. The cost in stipends for the present group of Fellows is $989,000, and no source for funds on an annual basis to sustain such a program is readily seen. A small fraction (31 full-time equivalents according to a recent survey—but realistically undoubtedly fewer) provide essential patient care, and an argument can be made for supporting these few from patient care income, perhaps by increasing our quota of residents. Even this option may not be acceptable with the increasing hospital costs to which such an arrangement would add. The entire sprightly intellectual environment of the Medical Services would undoubtedly suffer from the absence of this large group of excellent young physicians and scientists receiving their training in our midst.

Dr. Nina Tolkoff-Rubin joined our staff upon completion of her Senior Residency in July, 1972, with the assignment to supervise the patient care on Bulfinch 3, our intensive care facility. The improvement in both physician and nursing care to patients has been definite and commendable.

Our annual Postgraduate Medicine Course was given this past June at the Harvard Medical School rather than here at the MGH. This allowed us to admit more of the applicants than the limited quarters of the Ether Dome could accommodate for this increasingly popular course. The Medical Services made the course a great success this year under the supervision of Dr. Kurt Bloch.

Changes in Personnel

Present

Full-time staff	111
Part-time staff	74
Fellows	139
House Staff	46

Dr. Leonard Ellman, a former member of the Medical Services house staff, returned to the MGH on July 1, 1972, to assume the post of Chief of our Clinical Hematology Unit. The very favorable impact of his presence is already evident.

Dr. Joseph Avruch, former Research Fellow in Medicine at the MGH, returned to join our Diabetes Unit as Assistant in Medicine.

New Staff Appointments

Assistant Physician
Dr. Sheldon D. Kaufman

Assistant in Medicine
Dr. Zareh N. Demirjian
Dr. Timothy E. Guiney
Dr. Nina Tolkoff-Rubin
Dr. Eli C. Ridgway
Dr. Gordon C. Weir

Clinical Assistant in Medicine
John L. Ohman, Jr., M.D.
Joel J. Rubenstein, M.D.

Assistant Biochemist
Bryan P. Toole, Ph.D.

Assistant in Biochemistry
Chitra Biswas, Ph.D.

Board of Consultation
Dr. Roe Wells

Senior Consultant Physician
Dr. Richard G. Whiting

Retired
Dr. Sidney Friedman
Dr. George Sturgis

ALEXANDER LEAF, M.D.
Chief of Medical Services

Report of the Board of Managers of the Medical Clinic

During 1972 the Medical Clinic was reorganized as a group practice with four goals: (1) to develop a primary-care practice in internal medicine, (2) to integrate so-called "clinic" and "private" patients into one practice with a single standard of care for all patients, (3) to expand educational programs in primary care for the resident staff, clinical fellows, and special students as well as for medical students and nurses, and (4) to conduct research and evaluation of patient care.

A management board, the Board of Managers of the Medical Clinics, with its own budget for all the medical clinics, and a group medical practice, the Internal Medicine Associates (IMA), were created. The Board consists of the head of the Clinic, Dr. John Stoeckle, as chairman; Dr. James Dineen, the head, and a representative, Dr. Lawrence Wood, of the IMA; Ms. Sharon Follayttar, head of the Clinic's nursing staff; and two of the Clinic's management staff, Mr. Lloyd Wilson, and Ms. Gayle Stone. The Board is responsible to the General Director; the medical staff to the Chief of Medicine; the nursing staff to the Department of Nursing. A visiting committee or advisory group to the Board is to be created and will include both consumer and hospital representatives.

These arrangements, which bring professional staff and administration together in a management board, is a distinctive departure from the traditional hospital outpatient organization which separates them and their responsibilities; likewise, the joint responsibility of the staff and the administration for developing and operating within a budget is a new departure.

The redefinition of the Clinic as a practice rather than as a departmental extension and the joining of administration and staff in a management board can be viewed as a decentralization of both a hospital clinical department and of hospital administration, a very necessary step for developing a mixed practice of "private" and "clinic" patients and for the greater participation of staff in ambulatory care itself.

During the few months of its existence the Board of Managers of the Medical Clinics has made several changes:

1. Clinical Fellows and other staff have been paid for each morning or afternoon session of patient care. As a result the number of medical staff of the Clinic has been reduced from its all time high

in 1969 of 191 (36 house staff, 75 clinical fellows, 80 regular staff) to the current number of 36 house staff, 30 clinical fellows, and 8 regular staff. This has been done without affecting the capacity of the clinic to treat patients.

2. The Ambulatory Screening Clinic has been opened in the evening for persons with walk-in medical complaints. This evening service now treats 100 persons each week.

3. Through negotiations by the hospital, the Board has received approval for a schedule of fees for initial medical visits, long and short visits, and nurse clinician visits, a schedule that will apply to patients throughout the MGH clinics and to those seen through the IMA. These changes avoid the rigidity of the previous single fee structure.

4. The Board has supported the continued development of the IMA under Drs. James Dineen and Lawrence Wood. The long-range goal is to expand the IMA to include more full-time internists devoted to primary care and teaching. Those patients who are personally referred (private) to the staff of the IMA will have the same charges as patients now in the regular clinic, will have unit records and identification cards, and will be billed by the MGH Clinics billing office. Such patients are now using the clinics laboratory and other services in the building as needed. Professional charges collected by the IMA are being pooled and out of these funds, salaries are paid for clinical work and the overhead costs of practice.

5. The first clinical fellow in ambulatory medicine, Dr. Lionel Bercovitch, was appointed.

6. Under Drs. Cyrus Hopkins and Adolph Karchmer, an intern-preceptor program has been planned and will soon begin.

7. Ms. Gayle Stone and Mr. Lloyd Wilson have begun to determine the appropriate costs to allocate to the care of patients in the clinic. This is a continuing study problem, important for determining what are realistic outpatient charges to patients. In addition, Ms. Stone is analyzing the educational costs and developing some formula for their eventual reimbursement from other than patient care receipts. An examination of the costs of sixteen weeks of the Introduction to the Clinic course indicates that these are nearly $46,000.

8. With the assistance of the Industrial Engineering Department and Mr. Dave Scarbeau, an analysis of the work of the secretarial staff was carried out that has been helpful in planning changes in their responsibilities and the type of work done.

9. Ms. Alison Rossiter and Ms. Rosemary Weber have received

additional training as nurse practitioners. As a result the entire nursing staff with two exceptions will have completed the training program for nurse practitioners. Moreover, because of their wide experience with the management of patients, Ms. Sharon Follayttar and Ms. Mary Ryan have been instructors in the program.

10. During the first few months, Mr. Wilson and Ms. Stone have been identifying the data needed for planning and control (of appointments, schedules, costs, etc.), and developing information systems which will make such data routinely available. The purpose is twofold: first, to plan clinic operations as much as possible upon known facts rather than estimates or guesses; and second, to monitor and control more effectively the operations of the Medical Clinics with data that is promptly gathered on the effects of innovation and changes. Examples of information systems now being developed are an automated appointment system, which will generate several reports on projected demand for services, and a provider productivity report, which will show the numbers of patients seen and the income generated by each physician or nurse in the Medical Clinics.

11. In planning the staff of the Clinics–IMA, several professional roles have been identified. Expanded educational efforts will require physician directors for (1) undergraduate programs, (2) intern/residency programs, (3) allied nonphysician health workers programs, and (4) evaluation. Drs. Karchmer and Hopkins have begun one program. Drs. Dineen and Wood have been working with nurse practitioners.

The creation of this new organization is the work of many. The Mills Committee on Ambulatory Care had articulated many of the ideas. Drs. Benjamin Castleman, Alexander Leaf, Daniel Federman, and Charles Sanders all pressed for and gave approval to a new organization that provided for a group practice. Dr. Jerome Grossman worked out the organizational and financial details of plans that had been discussed by Drs. James Dineen, Cyrus Hopkins, Adolph Karchmer, and Lawrence Wood for several months. After review and negotiations with Mr. Lawrence Martin and Dr. Federman, the planning document, Ambulatory Care Practice at the MGH, prepared by Dr. Grossman, was approved by Dr. Federman, Dr. Castleman, and the G.E.C.

Immediate Future

During this next year the staff, the training programs, and the facilities will change with expected benefits to patient care. First, two needed full-time staff will be recruited. Second, two interns will

begin a medical internship in which 6 months of their time will be devoted to ambulatory care; plans for this training program in Primary Adult Medicine are being developed by an interdepartmental committee under Dr. Stephen Goldfinger. This program is a most important experiment and the first major modification of inhospital-based residency programs in medicine. The development of an effective training program and the provision of better patient care will depend on more systematic teamwork on the part of physicians, nurses, and social workers. Consultation on the work of teams in health care is being sought to make such work a more explicit part of a training experience; a study of attitudes of professionals in teams is also being considered. Third, the Clinic will be repainted and refurbished. A plan for improving seating and the better use of space have been made by Mr. Wilson and Mr. Julian Branker. Despite such efforts to improve the atmosphere of the Clinic, space itself is a major problem. There is not enough of it for all of the clinical and educational activities of the IMA and Clinic. No long-range solution is in sight since anticipated acquisition of rooms from the ENT Clinic will be delayed by construction delays in the MEEI. Finally, all the initiatives that have been taken this year will need continuing effort and elaboration during 1973.

JOHN D. STOECKLE, M.D.
JAMES J. DINEEN, M.D.
LLOYD L. WILSON
SHARON FOLLAYTTAR, R.N.
LAWRENCE WOOD, M.D.
GAYLE STONE

Report of the Surgical Services

After rapid gains and developments in 1969, 1970, and 1971, the year 1972 has represented a period of stabilization and consolidation for the Surgical Services.

Our undergraduate teaching program has continued under the direction of Drs. Charles Huggins, John Constable, and George Nardi. The eight-week required surgical course in the principal clinical year has provided good exposure for students at Harvard Medical School. However, we would prefer a more balanced surgical course with a twelve-week rotation, and we are trying to convince the Harvard Curriculum Committee of the worth of this change.

The residency program has continued to be intensely active under the direction of Dr. Leslie Ottinger. Admission to this program is one of the most sought-after appointments in the country, and we take pride in the quality of the young men and women who are accepted. Of the 14 first-year appointees in 1972, 9 were from Harvard University and 1 each from the University of Texas, University of Pennsylvania, Tufts University, Vanderbilt University, and Boston University.

During the past year, thoracic surgical patients have been organized in a special program under the direction of Dr. Hermes Grillo. These patients have been located on Baker 10, and experienced anesthetists and a specially equipped operating room have been provided. In addition, formal thoracic service rounds have been organized. We believe that these changes have resulted both in better teaching and in better patient care.

The thoracic surgical program has joined the programs in plastic surgery and cardiac surgery in offering specialized care and training under the aegis of the General Surgical Services. Greater flexibility in the training of surgical residents, better-organized opportunities in education, and improved patient care have been the results.

New clinical laboratories have been created for vascular patients and for patients with esophageal and general thoracic problems.

The census has continued to be high in the General Surgical Services on White 6 and White 7. Designation of Baker 8 as a surgical floor for the private services has resulted in necessary centralization of these patients.

Transfer of the operating rooms to the Gray Building has been completed, and the operating rooms in the White Building have been

completely renovated. These new facilities are fully and heavily utilized, and more operating rooms will be necessary to handle the number of surgical patients adequately. Plans are in the blueprint stage for additional operating rooms on the operating floor in the currently unfinished East wing.

To improve utilization and scheduling in the new and complex operating-room suite, Dr. Marshall Bartlett has accepted an appointment as my full-time representative in the operating rooms. He will work toward this goal together with representatives from anesthesia, nursing, and administration.

The Surgical Services have continued to increase their activities at the postdoctoral educational level in conjunction with the Department of Continuing Education of Harvard Medical School, offering postgraduate courses in general surgery, cancer, gastrointestinal surgery, trauma, cardiac surgery, and thoracic surgery, which are uniformly oversubscribed. In addition, during the past year 35 graduate students have been working as clinical and research fellows with various members of the staff.

In maintaining the strength of the staff, we have been fortunate with two new appointees. Dr. A. Benedict Cosimi has joined us to work in transplantation, and Dr. M. Terry McEnany has joined us in cardiac surgery. Dr. Joseph Civetta has accepted a position as Associate Professor of Surgery and Chief of Intensive Care at the University of Miami, and Dr. Robert Corry has accepted a position as Associate Professor of Surgery and Director of Transplantation at the University of Iowa.

Last September, Dr. Edward D. Churchill died suddenly while walking through his beloved Vermont countryside. His loss has been felt keenly by all of us, and we shall always be grateful for his patient and wise teaching and his many contributions. I am sure that we all find genuine and heartfelt satisfaction in the fact that we were able to establish the Edward D. Churchill Professorship while he was still with us. I am pleased to report that the Edward D. Churchill Professorship Committee under the chairmanship of Dr. John Raker has continued to make excellent progress toward the completion of its long-range objectives.

I believe that the Hospital can be proud of the accomplishments of various members of the Surgical Services at the national level. Dr. Claude Welch is President of the American College of Surgeons, Dr. Gordon Scannell is President of the New England Surgical Society, Dr. Paul Russell is President of the Transplantation Society, and I was flattered to be elected President of the Society of

University Surgeons. Dr. George Nardi is Vice-Chairman of the American Board of Surgery, and Dr. Earle Wilkins is Secretary of the New England Surgical Society. Dr. Gordon Donaldson serves as a Governor of the American College of Surgeons.

In this, my fourth year as Chief of the Surgical Services, I would like to express my gratitude to the Surgical Staff, Surgical Resident Staff, the other services of the Massachusetts General Hospital, and the Administration, without whose cooperative help my task would have been most difficult if not impossible.

W. GERALD AUSTEN, M.D.
Chief of Surgical Services

Report of the Children's Service

CLINICAL CARE ACTIVITIES

During 1972 the demands for child patient care by the communities we serve have continued to increase in a healthy manner. The accumulative effect of this over recent years has resulted in the following gross statistics concerning the number of units of patient care rendered by the Children's Service at the MGH and per its affiliated agencies.

1. MGH Children's Service Admissions (service and private)

Medical	1855
Surgical	1012
Total Inpatients	2867

2. a)MGH "Service" type ambulatory patient visits.

Emergency Ward	9,733
Children's Clinic	10,718
Bunker Hill Health Center	26,060
Chelsea Health Center	2,867
Total Service Ambulatory	49,378

b)MGH "Private Patient" Ambulatory Visits to Drs. Bode, Crawford, Ganz, Goldblatt, Guthrie, Hendren, Keenan, Kim, Lapey, Peebles, Robinson, Scholl, Talamo, Truman, Warshaw.

Total Private Ambulatory	13,870
Total MGH Ambulatory	63,248

3. Shriners Institute

Pediatric Inpatients	300
Pediatric Outpatient Visits	744

4. Cambridge Hospital
(Pediatric Unit there a subdivision of Harvard's Department of Pediatrics at the MGH)

Newborns	920
Pediatric Inpatients	728

EW, OPD, Pediatric Clinics and Neighborhood Health Center Visits	22,500
GRAND TOTAL INPATIENTS	5,559
GRAND TOTAL OUTPATIENT VISITS	86,522

These figures indicate that the Department of Pediatrics at the MGH in its totality is rendering service to as many children as all but the very large teaching services of the USA and Canada. Also in keeping with national trends, the ratio of ambulatory encounters to inpatient admissions is approximately 15 to 1. Though the majority of our patients are coming from nearby communities, a significant number are being referred for tertiary (specialty) services from distant areas of New England and beyond. As a result, our inpatient population is being made up increasingly of children with difficult, challenging problems of diagnosis and therapy which, for their solution, usually require the combined, coordinated skills and resources of several of the medical and surgical specialty disciplines represented here at the MGH.

These gains in activity level are clearly traceable to our gradually enlarging roster of clinical care resources. Thus, in the short span of a year and a half, functioning under the direction of Dr. Daniel Shannon and his two senior associates, Drs. David Todres and John Herrin, our new Pediatric Intensive Care Unit has become a major resource for the management of critically sick infants and children. Most of these patients have been transported here from community hospitals located in various parts of Massachusetts and neighboring states per ambulance or Coast Guard helicopter carrying a member of our Intensive Care Unit team. The nursery component of the Intensive Care Unit in particular has increasingly been filled to overflowing by seriously sick newborn babies. Prior to the development of this facility, almost all of the infants who required respirator treatment would not have been pulled through. Today about two of three of the patients admitted to the Pediatric Intensive Care Unit are leaving the Unit alive and with a good prognosis for normal growth and maturation. Of these, about 60 percent fall into the erstwhile very high risk neonatal infant group.

Dr. Michael Ehrlich has been recruited by Dr. Henry Mankin, Chief of the Orthopaedic Service, to head up pediatric orthopaedics at the MGH, a responsibility which he has been fulfilling with skill and vigor. As a result, this important facet of child care and pediatric

teaching and training is rapidly becoming revitalized. A second newcomer to the Orthopaedic Service, Dr. Richard Smith, in his role as Head of Hand Surgery and with our enthusiastic collaboration has opened a Pediatric Hand Clinic. This is an almost unique clinical resource for the management of children with hand deformities, including especially those due to neuromuscular problems, congenital malformations, and trauma.

Dr. Paul Chapman comprises another major addition to the MGH roster of pediatrically skilled specialists. In addition to extensive training at the MGH in general surgery and subsequently in neurosurgery under his Chief, Dr. William Sweet, he has had extensive training in the pediatric aspects of neurosurgery at the Hospital for Sick Children, Great Ormand Street, London. We are pleased to have available to us now his expertise in the area of pediatric neurosurgical problems.

Pediatric oncologic proficiency at the MGH has been greatly strengthened by the recruitment by Dr. Herman Suit of a highly skilled and pediatrically experienced radiation therapist, Dr. Melvin Tefft. We are particularly pleased that Drs. John Truman and Rudolph Toch representing pediatric medical oncology, Drs. W. Hardy Hendren and Sam Kim representing pediatric general surgical oncology and other pediatric surgical specialists have formed with Dr. Tefft a multidisciplinary group which is now available to develop closely coordinated programs for the management of children with tumor problems.

In addition to the aforementioned affiliates from other MGH services, we are pleased to report that Dr. W. Allan Walker has accepted our invitation to establish a Pediatric Gastrointestinal Unit within the framework of the Children's Service at the MGH. As of July 1, 1973, he will also become Dr. John D. Crawford's senior pediatric medical associate at the Shriners Burns Institute. In addition to his full training in general pediatrics, Dr. Walker has recently completed a period of specialty fellowship training in gastroenterology with Dr. Kurt Isselbacher. During this training period Dr. Walker cultivated a lively demand for his consultant services by pediatricians, with the result that he already has attracted a substantial number of child patients with GI problems to the MGH.

Counterbalancing these gains are two forthcoming losses. Dr. John P. Connelly, who has contributed so much as a senior member of the full time staff of the Children's Service and as Executive Director of the Bunker Hill Health Center, will be leaving us in July, 1973, to become Professor and Chairman of the Department of Pediatrics at

Loyola University. Likewise, Dr. Joseph Warshaw, who has served as Dr. John Crawford's senior pediatric associate at the Shriners Institute and who has participated in the patient care, teaching, training and basic developmental research activities of the Children's Service in a highly constructive and creditable manner, will leave this summer to become Head of the Perinatology Unit of the Department of Pediatrics at Yale University Medical School. We shall miss both of these people deeply.

TEACHING AND TRAINING ACTIVITIES

Medical Student Teaching: During the past year, 72 Harvard students elected to take a month or more of their Principle Clinical year in pediatrics at the MGH. This represents 40 percent of Harvard's pediatric clinical clerk teaching program. In the same interval, we were responsible also for the pediatric section of the Introduction to Clinical Medicine for the 80 Harvard students who were assigned to the MGH for this facet of their education. This comprised about 45 percent of the student's taking this course in the medical school. In addition we accepted a small number of students from other medical schools who wished to take an elective pediatric clinical clerkship with us. Credit for the management of the clinical clerk program is due to Dr. John Robinson and for the Introduction to the Clinic Program to Dr. John Truman of our service.

House Officer Training Program: It has been heartening to observe that the quality and the number of internship and residency applicants has increased steadily and strikingly in recent years. It also has been gratifying to observe that those who match to our service are derived from that now sizable list of persons whom we have judged to be top-flight candidates on the basis of several hours of personal interview backed by careful search of their credentials from referees who have known them closely as students at school or as house officers in other teaching hospitals. Though we have not attempted to strike a balance between the sexes in selecting our house staff, it has worked out on the competitive basis of merit that those now holding positions with us are comprised of an almost equal mixture of men and women.

Trainee Fellows: Our trainee fellow program has necessarily been limited to 14 persons because of our relatively stringent limitations of space for research and training. Nonetheless, the trainee programs

have comprised a significant component of service activities and have continued to yield a considerable number of graduates who now hold major teaching or administrative research posts either here or elsewhere.

Postgraduate Continuing Education: Our service has long offered a yearly refresher course for practicing physicians under the aegis of the Harvard Medical School's Department of Continuing Education. Under the directorship of Dr. Thomas Peebles, and thanks in considerable part to the generous collaborative participation of colleagues in many of our sister departments, this course has attained a high standing in the national scene, being considered by some the "Cadillac" model of such courses around the land. In recent years it has been filled to capacity (about 150 students) and thereby has been able to carry its own weight financially. It has also served the useful purpose of making an increasingly large number of people aware of the existence of a Harvard Pediatric Teaching Division at the MGH. It has been gratifying to observe that many of those who take the course tend to repeat their visits here after a period of three or four years, and in many instances we find that those who come fresh to the course were referred by those who have been here before.

Under the leadership of Dr. Peebles, we also have worked with Dr. Earle Chapman of the Massachusetts Medical Society and Postgraduate Medical Institute and with Harvard's Department of Continuing Education in offering continuing educational sessions and services to practicing physicians throughout the State. In connection with this, four years ago the Children's Service instituted an annual mailing to about 200 hospitals in the New England area offering speakers and selected topics to assist them in their continuing educational efforts. This has been well received as evidenced by a steady increase in the request for talks by our Staff. Though this adds to the work load of our already hard pressed, full time senior staff, we feel it has resulted in a significant number of new referrals and has promoted increasingly close working relationships with neighboring community institutions.

RESEARCH ACTIVITIES

Because these are outlined with considerable care in the MGH Research Activities Booklet, they will not be described in detail here.

NATHAN B. TALBOT, M.D.
Chief of the Children's Service

Report of the Department of Pathology

Since this is my last report, rather than list the accomplishments of the past year I have tried to summarize the events and changes during the 22 years that the laboratory was under my direction. I was appointed to this position in 1951 upon the death of Dr. Tracy B. Mallory, with whom I had worked for the previous 20 years. Thus, my tenure at the MGH is a total of 42 years. Dr. Mallory had been head of the department for 25 years, replacing Dr. James Homer Wright in 1926. During that period he introduced the house officership and residency in the Department of Pathology, making it not only a service but also a teaching department. Over the past 20 years the patient-care activities and the teaching program have greatly increased (Table), and with our move into the Warren Building the research done in the department was expanded in many directions.

TABLE

	1951	1972	Increase
Autopsies	687	952	35%
Surgical Specimens	9752	20,546	110%
Cytology Specimens	8319	24,759	200–%
Cytogenetics Specimens	287 (1960)	881	170%
Staff	7	15	100+%
House Staff	7	21	200%
Nonprofessional Staff	30	65	100+%

PATIENT-CARE ACTIVITIES

Probably very few members of the staff realize that the Pathology Department is closely interwoven with the other departments in the hospital. This interrelation, begun during Dr. Mallory's regime, has continued and broadened in scope. At the present time members of the pathology staff attend a wide variety of service and specialty-unit staff meetings, demonstrating gross and microscopical material with clinicopathological correlation. Each week there are 15 to 20 such meetings. Three units with which the laboratory has a close affiliation are the Neurology and Dermatology Services and the Otolaryngological Department at the Massachusetts Eye and Ear Infirmary.

The neuropathology laboratory, established within the Department of Pathology in 1926 under Dr. Charles S. Kubik and

supervised since his retirement in 1951 by Dr. Edward P. Richardson, Jr., was officially named the Charles S. Kubik Laboratory for Neuropathology in 1961. Its major activity has been to define pathologic processes in the nervous system, to relate the tissue changes to clinical phenomena and to use the insights thus gained in the teaching of residents and fellows in the neurological sciences as well as in pathology. In view of its prominence as a training center this laboratory has been the recipient of a training grant under the National Institute of Neurological Diseases continuously since 1961, and its trainees now occupy prominent posts as neuropathologists and neurological scientists in many parts of the United States and abroad. Among its many research activities have been better definition and understanding of several white-matter diseases of the brain, including the first clear identification of progressive multifocal leukoencephalopathy as a distinct entity complicating neoplastic and other chronic diseases, definition of the pathological histology of myelopathy in pernicious anemia, and studies of cerebral disorders in infancy and childhood, the last made possible by affiliation with two of the state schools for the mentally retarded.

Although dermatopathology had been emphasized in the department in the 1940's by Dr. Walter Lever, a former member of the Dermatology Service, it became a more specialized unit in 1962 with the arrival of Dr. Wallace H. Clark, formerly professor of pathology at Tulane University, and a closer liaison with the Dermatology Service was effected. The unit has recently been expanded under Dr. Martin C. Mihm, a graduate of both the Dermatology and the Pathology Services. This unit now provides teaching, consultative service, and opportunities for research to residents in both dermatology and pathology as well as to residents in the Harvard-affiliated hospitals. The material accumulated in the Pigmented Lesion Clinic developed by Dr. Clark led to a classification of malignant melanoma that has now been accepted throughout the world.

In 1962, on the retirement of the pathologist for the Otolaryngological Service of the Massachusetts Eye and Ear Infirmary, arrangements were made for our laboratory to process their surgical specimens, and one of our staff, Dr. Karoly Balogh, became the pathologist for the MEEI. This liaison has been well coordinated and provides an opportunity for our resident staff to be exposed to this type of pathological material. Dr. Balogh resigned in 1968 to become pathologist to the University Hospital and was succeeded by Dr. Max Goodman.

In 1942 Dr. Joe V. Meigs and Dr. Maurice Fremont-Smith set up

an exfoliative cytology laboratory under the direction of Ruth M. Graham in the Gynecology Service. In 1950 the Cytology Laboratory became incorporated in the Department of Pathology, although it remained physically in the Vincent Building until January, 1957. At that time Dr. Priscilla D. Taft became its director, and the Cytology Laboratory joined the rest of the Department of Pathology in the Warren Building. Service and teaching are the most important concerns of the laboratory. The number of specimens processed has almost tripled. Numerous physicians have received training in exfoliative cytology for periods of one month to a year or more. Technicians were trained under an apprenticeship system until 1967, when the Cytology Laboratory joined with those of six other Boston hospitals to form a cooperative school, the Boston School of Cytotechnology, which last year became associated with Northeastern University.

In 1957 Dr. Leonard Atkins, under a grant from the Atomic Energy Commission, originated a bone-marrow bank for use in the event of atomic bomb casualties, and the bank was later used for storage of autologous marrow, obtained during remission, for treatment of leukemic patients. This involved bone-marrow culture and led to chromosome preparations and ultimately in 1959 to the establishment of the Cytogenetics Laboratory. This unit now has a larger volume of specimens to study than any such laboratory in the state, providing service not only for the MGH, but also for most of the hospitals in metropolitan Boston. The definitive diagnosis of mongolism, the detection of translocation carriers, and the finding of chromosome abnormalities associated with congenital abnormalities have been among the practical aspects of the work of the laboratory. In collaboration with the Fernald School the Cytogenetics Laboratory has participated in a study of amniocentesis fluid for prenatal detection of chromosome abnormalities.

Included in the category of patient-care activities is our service to numerous community hospitals. The Department of Pathology was one of the first departments in the hospital to establish an association with a community hospital. In 1941 I became the pathologist to the Emerson Hospital in Concord, a post that I held for over 20 years. In 1946 we undertook the pathological examinations for the Brockton Hospital and continued that service until 1959. In 1949 a close affiliation with the Memorial Hospital in Worcester began when Dr. Ronald Sniffen, one of our graduates, was appointed pathologist at that hospital, where for many years we had rotated members of our resident staff. The three full-time pathologists now at the

Memorial Hospital are all MGH alumni. During the war we helped a few small community hospitals, including the Lawrence Memorial Hospital in Medford, and more recently we have provided pathological service for the Soldiers' Home in Chelsea and currently the Somerville Hospital. A number of these community hospitals now have their own pathologists, many of them our alumni, who continue their association with the laboratory as clinical assistants and clinical associates. This interrelation is helpful to the community hospitals because these young pathologists bring their problems to our large staff of experts, and the MGH gains from the association because the problem cases are often referred here to members of our clinical staff. Our neuropathology unit has affiliations with the Fernald, Paul Dever, and Wrentham State Hospitals.

In concluding this section on patient care I shall quote an excerpt from my 1966 report bearing on the philosophy of the department. "Although in recent years the emphasis in many university pathology departments has been on the biochemical and molecular biologic aspects of disease, it is important to bear in mind the fact that hospital pathology laboratories have, in addition, the responsibility of patient care and thus the necessity of expert knowledge of anatomic pathology. Fortunately, our department is large enough to permit a balance of the research effort with the patient-care activities so that neither discipline suffers in the training of our residents—a situation that is not prevalent in many university pathology departments. Morphology is still of fundamental importance, and research with newer morphologic technics continues to effect better care of the patient. Proof of the great need for experts in the field of anatomic pathology is to be found in the increasing volume of consultations that come into our laboratory from all parts of this country and abroad and in the large number of invitations to our staff members to speak at universities and medical meetings."

TEACHING

Teaching of the pathology house staff and fellows in training was augmented considerably during this 20-year period. In 1952 training in clinical pathology was made available by rotation through the Chemistry, Bacteriology, and Hematology Laboratories, enabling these resident pathologists to be eligible for certification by the American Board of Pathology and later for positions in hospital laboratories. In addition to an hour-long conference every morning on the post-mortem examinations of the previous day and

another conference in the afternoon on the daily surgical specimens, there is at least one other informal teaching exercise every day or evening. Foreign fellows and medical students taking a pathology elective participate in these exercises. Visiting professors, many from foreign countries, give an added flavor and diversity to the teaching. In addition to monthly electives, in 1956 the post-sophomore fellowship was introduced, and until the recent change in the Harvard Medical School curriculum, two to four students spent a year between their third and fourth years in the laboratory, dividing their time between patient-care pathology and research. This program has been one of the best methods of recruiting medical students to enter the field of pathology. Of the 18 students who joined this program, currently 6 are pathologists, 9 are in academic institutions, and 2 are professors and chairmen of departments of pathology.

With the introduction of the block system in the teaching of pathology at the Medical School all members of our staff and many of our house staff have participated in teaching at HMS. A recent survey has shown that annually about 2,000 hours of teaching students are supplied by our full-time staff, with our house staff contributing approximately the same amount of time.

The members of the staff participate in the many postgraduate courses given in the hospital by various clinical services. In 1964 we introduced a course on the Pathology of the Endocrine Glands, which is given in the Countway Library and is limited to 60 physicians. This course has proved very popular, and each year there is a long waiting list. Another aspect of our postgraduate teaching is the large number of lectures and slide seminars that our staff members are asked to conduct at medical schools and national meetings both in the United States and in foreign countries. This is especially true of Dr. Robert E. Scully, whose clinicopathological investigations and talents in gynecological pathology are being acknowledged by the many invitations he receives throughout the world. A corollary of our lecture tours and visiting professorships in various foreign medical schools has been to provide the opportunity in our laboratory for trained pathologists from foreign universities to learn our methods of training in patient-care pathology, teaching, and research. A few of these fellows became members of the resident staff, and several now hold university chairs. During the past 22 years there were 34 such fellows from 21 countries. During the month of September it was my pleasure to be the visiting professor in the laboratory of Dr. John B. Blennerhasset, one of these trainees, now chairman of the Department of Pathology at Otago University in

New Zealand.

Perhaps the greatest impact of the laboratory on medical teaching throughout the world has been effected by the clinicopathological conferences, published weekly in the *New England Journal of Medicine* as the "Case Records of the MGH." The case method of teaching in medicine was germinated by Walter B. Cannon when still a medical student in the 1900's, was implemented by Dr. Richard Cabot beginning in 1910 and flowered under his direction for 20 years, was expanded to involve the entire MGH staff and became more clinicopathologically oriented under Dr. Mallory in the 1930's and 1940's. During the past 20 years under my direction the cases presented have become increasingly complex in terms of both clinical work-up and multifaceted disease entities, and the number of cases presented has been reduced to one per week to allow more complete discussion and more audience participation. With the skill of the assistant editor, Mrs. Betty U. McNeely, the cases have been more scrupulously edited and streamlined, yet retaining the live quality of the conference. The preparation of many of these cases is equivalent to that of an original article. In a medical journal in the Argentine and another in Japan these cases are published weekly in translation.

Since these exercises are used for teaching by many medical schools, hospitals, and other medical organizations throughout the world, in 1954 we introduced a lantern-slide service providing 35-mm. slides of pertinent x-rays, electrocardiograms, gross specimens, and photomicrographs of the cases published each week to those interested in conducting conferences similar to ours. This project continues to be popular, and each of the current 160 subscribers receives over 600 lantern slides per year, which can be added to their permanent teaching file. As an offshoot of this project, beginning in 1961 with the support of the Eli Lilly Company, copies of the published MGH CPCs plus the pertinent lantern slides were sent monthly to 200 medical schools in Asia, Africa, and Latin America. This opportunity to conduct teaching exercises based on the MGH material was welcomed by these schools, where cases are not usually studied so thoroughly, there are few post-mortem examinations, and the price of the preparation of the lantern slides is too costly. In 1964 the expense of this project was assumed by the Agency of International Development (AID) of our State Department, and when this support was discontinued in 1969 the project was maintained for two years by the *New England Journal of Medicine* and the MGH. I regret that this project, so appreciated by these schools as evidenced by the many letters of

gratitude that I received, had to be terminated because of lack of funds.

A final spin-off of the Case Records was the publication by Little, Brown and Co. of five volumes of selected specialized cases, 50 cases to a volume, re-edited and amplified with more photographs and addenda. These volumes, published between 1960 and 1972, are collections of medical, surgical, bone and joint, neurologic and, most recently, cardiac cases presented over a span of several decades. Since these CPCs, although selected, prepared, and conducted by the Department of Pathology, are truly the product of the entire hospital family, the royalties have been deposited in the fund for the Tracy B. Mallory Memorial Library.

Having traveled in many countries, I have seen at first hand the widespread impact of the Case Records in both undergraduate and postgraduate teaching. The *New England Journal of Medicine* has over 130,000 subscribers, including two thirds of the medical students in the United States. Many of our staff members returning from foreign travels have ruefully reported that they are better known for their CPC discussion than for their research! Although the CPC has recently been challenged by the computer and the problem-oriented approach, the evidence is strong that the published MGH cases with their clinicopathological correlation are read each week by most medical students in the United States and by thousands of physicians all over the world. There is no doubt that the staff of the MGH and the clinical methods of our patient care are better known to the medical world by this medium. This achievement requires both the effort of all members of the Pathology Department and the cooperation of the clinical staff. The comments and questions of a representative MGH audience are essential, and the participation of members of the hospital staff at the conferences to which they are invited should be considered one of their teaching responsibilities. I repeat, the evidence is overwhelming that our CPCs have become a tradition and serve as teaching exercises all over the world.

RESEARCH

Before we moved into the Warren Building in 1956 the research carried on in the old Allen Street Building was primarily clinico-pathological correlation and was not supported by outside funds. Nevertheless, important papers dealing with the pathology of the parathyroid and thymus glands, renal biopsies in hypertension, malignant lymphoma, aortic dissection, pulmonary embolism and

infarction, Mikulicz's disease, and many others have been published from work done in our old building. This type of clinical research, based on careful observations and often with new technics, has continued, with the emergence over the years of new clinicopathological entities, such as pulmonary alveolar proteinosis, mediastinal lymph-node hyperplasia, several distinctive ovarian tumors, chemodectoma of the lung, and clear-cell carcinoma of the vagina arising in young women who had been exposed to stilbesterol *in utero*. The last tumor is the first example of transplacental carcinogenesis in humans. In addition to new disease entities important advances in the pathology and function of the thyroid gland were made by Dr. Austin L. Vickery, Jr., and of the ovary and testis by Dr. Scully. In 1967 Dr. Gerald Nash and Dr. Blennerhassett, in collaboration with Dr. Henning Pontoppidan of the Department of Anesthesiology, demonstrated that many patients who died after mechanical ventilation had pulmonary lesions consistent with oxygen toxicity, and partly as a consequence it is now standard practice throughout the world to monitor closely the dose of oxygen during mechanical ventilation. Other highlights of our accomplishments in research include studies of Dr. Agnes Russfield on the correlation between the cytology of the pituitary gland and hormone assays in neoplasia, assessment of testicular biopsies in patients with infertility by Dr. Sniffen, and functional examination of the post-mortem heart to determine the competence of the valves by Dr. Richard Kelly and Dr. Fairfield Goodale.

With the move into the Warren Building, space for more sophisticated research became available, and outside support was obtained. At the present time our research funds, derived from the National Institutes of Health, the American Cancer Society, and the American Heart Association, amount to roughly $600,000 per year—$400,000 in research grants, $100,000 in research career development awards and fellowships, and $100,000 in training grants. Our histochemical unit, begun in the old building, expanded, and during the 15-year direction of Dr. Richard B. Cohen many fellows now holding academic positions were trained in this facility. In his laboratory histochemical technics were devised for the demonstration of oxidative enzyme systems and applied to the study of intermediary metabolism.

An important addition to the research facilities was the establishment of the Edwin S. Webster Laboratory to house the first electron microscopy laboratory for human pathology in New England, under the direction of Dr. David Spiro. His first major effort was to

delineate the various alterations of the glomerulus in a number of human diseases. These efforts culminated in criteria that enabled electron microscopists to make firm diagnoses of many human renal diseases in their earliest states. His investigations of heart muscle led to a definition of the conformance of cardiac muscle to classic length-tension curves as seen in skeletal muscle. This property of cardiac muscle is the basis of one of the leading theories of heart failure—i.e., decrease in contractile strength of the muscle when overstretched and on the "descending limb" of the length-tension curve. During his five-year tenure before resigning to become a professor at Columbia University many of our residents and fellows were trained in this new technic. Dr. James B. Caulfield took over the direction of this unit in 1961 and demonstrated renal glomerular changes in prediabetic patients and further noted that dermal elastic tissue of prediabetics and diabetics is severely altered. Continuing work on cardiac diseases, Dr. Caulfield has defined the major cause of cardiogenic shock and the secondary myocardial lesions induced by this syndrome. Recently, Dr. Caulfield moved his laboratory to the Shriners building, where he is investigating ground substance in wound healing. Dr. Ronald S. Weinstein and Dr. N. Scott McNutt, pathology research trainees using the equipment in the Mixter Neurosurgical Laboratory, applied high resolution electron-microscopy technics to the study of normal and neoplastic cell membranes. They discovered a striking decrease in the number of "nexus" cell junctions in carcinomas of the cervix and found that this deficiency arises as the epithelium undergoes malignant transformation. Since these junctions function as mediators of intercellular communication in normal tissues, the decrease may partially explain the abnormal behavior of tumors. Dr. Sanford I. Roth investigated the ultrastructure of normal and diseased parathyroid glands, complementing my original light-microscope studies. He has demonstrated the form of the secretory product, the secretory cycle in the chief cells, and the independence of the control of parathyroid-hormone synthesis and secretion.

The chance finding by Dr. Kilmer S. McCully at autopsy of accelerated arteriosclerosis in two patients with homocystinuria resulting from two different enzymatic disorders led to the experimental production of arteriosclerosis in animals given homocysteine derivatives. Cell cultures from other patients with one of these types of homocystinuria were then found to elaborate an abnormal highly sulfated matrix, accounting for the prominent accumulation of matrix in the walls of arteries involved by early arteriosclerosis.

Investigation of these cell cultures led to the discovery of a new metabolic pathway for sulfate ester synthesis from homocysteine, requiring ascorbic acid and controlled by pyridoxine. The search for a homocysteine derivative with growth-stimulating properties culminated in the discovery and chemical synthesis of an oxidized homocysteine derivative mediating the action of pituitary growth hormone that he has called trophosine.

Recognizing the increasing importance of immunologic thought and technology in the understanding and treatment of many diseases, I established in 1959 an Immunopathology Unit within our department, designed to serve as a focus of teaching, research, and diagnostic expertise in this field. Under the able direction of Dr. Martin H. Flax this unit formed close liaisons with clinicians in other units, such as the Renal Transplant Unit, with improved patient care as a consequence. In addition, Dr. Flax made fundamental contributions toward an understanding of the pathogenesis of autoimmune thyroiditis. His investigative activities created a tradition of intellectual excitement that was passed on to his successor, Dr. Harold Dvorak, when Dr. Flax became professor and chairman of the Department of Pathology at Tufts University Medical School in 1970. From its inception this unit has attracted several pathology residents annually for periods of research or clinical training in immunopathology, and more recently it has also attracted residents from other specialties. Dr. Dvorak's research has been concerned with the morphology and pathogenesis of cellular hypersensitivity. He has described a new form of lymphocyte-mediated immunologic response characterized by the presence of large numbers of basophilic leukocytes, which apparently have a prominent role in such diverse entities as viral infection, contact allergy, and tumor and graft rejection in both animals and patients.

Since 1958 we have been very fortunate in having a National Institutes of Health research training grant to support four trainees per year. Its recipients obtain a basic training in anatomic pathology and in addition join one of the research units in the department or one of the investigators in another hospital laboratory. The purpose of this grant is to train academic pathologists. It is of interest to compare this small group of trainees with the entire group of residents over this period; 80 percent of the 30 research trainees are now in academic pathology, whereas 53 percent of the 70 regular house staff are in academic pathology. We are, of course, very proud of the fact that 26 of our alumni of the last 25 years were appointed to full professorial chairs, and that 15 of them are or were chairman

of departments at their university.

I cannot close this report without paying tribute to the members of the Board of Trustees, with whom I worked fairly closely during the eight months that I was Acting General Director after Dr. John Knowles's resignation last year. I am grateful to them for the opportunity to learn how a great hospital runs, to see in action the wonderful spirit and loyalty of both professional and nonprofessional staff and, last but not least, to marvel at the time, energy, and dedication that the trustees give constantly to the hospital. This post was indeed an honor for me and a climax to my years at the MGH.

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

Report of the Department of Psychiatry

INTRODUCTION

During 1972 the Department of Psychiatry continued to direct considerable attention to the delivery system for mental-health services. Toward this end direct and indirect services are provided on psychiatric, medical, and surgical wards, and by teleconsultation.

Even with an optimal delivery system, the effectiveness of a treatment program will be limited by the quality of the product which is to be delivered. Both the basic research laboratories as well as the clinical services are engaged in wide-ranging studies of the biological, psychological, and social causes of mental illness with the ultimate hope of increasing the effectiveness of psychiatric treatment.

For the year ahead the support structure of the Department of Psychiatry will be shifted in new directions as the result of the phasing out of Federally supported residency training grants.

MAJOR CLINICAL AREAS: SERVICE, TRAINING, RESEARCH

Inpatient Psychiatric Service (Drs. Ira Lable, Felton Earls; Miss Ann Kennedy, Miss Ann Daily)

The psychiatric inpatient service provided hospitalization for 188 patients (average length of stay was 45 days). These patients ranged in age from 13-91 and came from a wide spectrum of socio-economic backgrounds. We have admitted most of our patients from the Massachusetts General Hospital community, i.e., clinics, private and ward services, and emergency services. All the major psychiatric diagnostic entities are treated on our unit. The patient has available to him multiple forms of psychiatric treatments, i.e., milieu therapy, family or couple therapy, or individual psychotherapy. The somatic treatments include psychotropic drugs and ECT. Our locus in a general hospital enhances our ability to treat patients with severe medical and surgical illnesses with concomitant severe psychological illness. This requires close liaison with our medical and surgical colleagues.

We employ a multidiscipline team approach to psychiatric evaluation and treatment. The team consists of a psychiatric staff supervisor, first-year resident, psychology intern, social worker, psychiatric nurses, and medical students. The complementary skills of many professionals in an intensive medical and psychological study afford the patient the most rapid assistance. We rarely find it necessary to refer patients for chronic hospitalization.

The unit continues to serve as a primary area for the learning of

psychiatric skills. Psychiatric residents, psychology interns, and medical students learn as well as provide excellent patient care under the supervision of administrative and consultative staff.

We have instituted a plan with Dr. John Renner to admit drug-dependent patients for rehabilitation. We continue to explore ways of helping such patients on a general hospital psychiatric unit. We routinely follow our patients six months and one year following discharge.

Consultation Service (Drs. Thomas P. Hackett, Avery D. Weisman, Ned H. Cassem, Benjamin R. Gill, Thomas F. Dwyer, Frederick G. Guggenheim, Alfred J.R. Koumans, Danuta Stachiewicz, William McCourt)

The psychiatric consultation service sees approximately 3,000 medical and surgical patients a year. As an integral part of the residency training program, it provides a wide exposure to a variety of psychiatric conditions commonly found in a general hospital. Emphasis in training is placed on making an accurate diagnostic appraisal and in formulating a practical program of therapy. Our concept of treatment in liaison psychiatry consists of two parts. First is the use of direct intervention techniques such as short-term or limited-goal therapy, drug therapy, hypnosis, and other somatic treatment methods. Second, the resident must learn ways of helping the medical and surgical staff understand how emotional difficulties contribute to the patient's disease. Our intention is to help the staff use the psychological knowledge taught them to effect better patient care. In addition to consulting on individual problems and making appropriate recommendations, the resident takes part in teaching exercises with nurses and social workers via social service rounds and nursing groups. Each psychiatric resident is assigned to one primary ward where he takes part in all of the ward's functions. The resident also has one or two secondary wards where he sees only those patients in need of immediate psychiatric care. There is usually one rotation during the resident's six months on the service. Generally the resident will switch his primary ward from a medical to a surgical or vice versa.

The demand for psychiatric consultation has increased at a considerable rate over the past ten years. Whereas in the past the consultant was called in to see only obviously psychotic patients or to dispose of patients requiring commitment, he now takes a much more active part in the general care of medical and surgical patients.

During 1972 the consultation service was engaged in several areas of research.

(I) Myocardial Infarction (Drs. Thomas P. Hackett and Ned H. Cassem, and Miss Elizabeth Silverberg) This is the sixth year of a project designed to investigate the reactions of patients with acute myocardial infarction. We are espcially interested in examining the main coping mechanisms employed by patients in the CCU and in determining their effect on mortality and morbidity. (A) Polygraph. The association between the autonomic output as it is determined by the GSP (galvanic skin potential) and other events is being examined. The relationship of GSP and heart rate, intra-arterial pressure, pulmonary pressure, and ischemic pain is being analyzed. The polygraph is also being used to determine whether the sense of denial has an autonomic component. (B) A study of reactive depression in the convalescent phase of myocardial infarction is underway. (C) A unit-atmosphere scale has been developed by Dr. Cassem to assess and quantify shifts in anxiety, depression, staff conflict, and relevant variables. In short, the unit-atmosphere scale measures changes that occur in a group. The subjective impression of the unit's morale can be quantitatively related to specific changes in a group as a whole.

(II) Medical Hypnosis A seminar on medical hypnosis is given twice a year by Dr. Hackett. The emphasis is on teaching methods of induction as well as indications and contraindications for its application. Dr. Henry Butler has been working with Dr. Susan Lamdin of the Department of Anesthesiology to determine whether or not statements spoken to a patient while in stage-4 anesthesia can be remembered postoperatively through hypnosis. Drs. Ward, Stifler, and Vogel are interested in the application of hypnotic techniques to reduce smoking. In the last year and a half autohypnosis has been taught to patients hospitalized for alcoholism at the Bedford VA Hospital. The teaching is done by Dr. Hackett through closed circuit TV to groups of 12 patients. Self-hypnosis is used as a relaxing technique to reduce predrinking anxiety.

(III) Chronic Pain Syndromes. An ongoing project on the evaluation, diagnosis, and management of chronic pain syndromes continues in conjunction with the neurosurgical department.

(IV) Biofeedback control of Raynaud's Disease. (Alan Jacobson, M.D., Miss Elizabeth Silverberg, Thomas P. Hackett, M.D.) Work has been done utilizing the Cyborg biofeedback training device in an attempt to teach patients with Raynaud's Disease to raise the temperature in the affected extremity.

(V) Emotional Adjustments to Paraplegia. (Dr. Thomas Stewart) This study is designed to investigate the methods of coping employed by the person who is cord-damaged. Special attention has

been devoted to the sexual adjustment of the cord-damaged person.

(VI) The Accident Process. (Dr. Laurence Osborn) The psychosocial background of accidents is being investigated in the emergency ward.

(VII) Group Therapy for Burn Patients. (Dr. Robert Ferrell) Dr. Ferrell has been doing research on the use of multiple group settings in the treatment of burn patients in conjunction with the staff of White 12.

(VIII) Hyperalimentation. (Dr. Ned H. Cassem) This project has been mounted in conjunction with Miss Rita Colley, R.N., and Miss Karen Phillips, R.N., hyperalimentation nurse specialists, and Dr. Ronald Abel of Surgery, to study the emotional impact on patients being deprived of all oral input, food and drink.

The Private Psychiatric Consultation Service was established in July, 1969, to make more readily available to the semiprivate and private medical and surgical services emergency psychiatric consultations and long-term integration of the psychological management of the "difficult patient." Under the leadership of Dr. Frederick Guggenheim, the Private Consultation Service provides direct clinical care to patients in the Baker Memorial and Phillips House at the request of the patient's physician. During 1972, 254 patients were seen in consultation. The Private Consultation Service also participates indirectly in patient care through informal contacts with attending physicians, house officers, and nursing staff; some teaching conferences for the nursing staff; coordination with two psychiatric nurse clinicians assigned to the private medical and surgical services; and psychological autopsies on selected patients dying in the hospital.

Referrals for private outpatient evaluation and psychotherapy are also handled through this service (by Dr. Gary Jacobson). Three hundred and three patients were referred to the roster of 74 psychiatrists who have part-time or full-time Departmental appointments.

Research interests are currently focused on traumatic methods of suicide requiring extensive medical-surgical hospitalization including subway suicide attempts and self-immolation; the role of the psychiatric nurse clinician and the resistances encountered at various levels of medical care; and the psychoses of hyperthyroidism.

Adult Outpatient Psychiatry (Drs. Aaron Lazare, John Renner, Joseph Schwartz, Sidney Green, Eleanor Hanna, Charles S. Mullin, Sherman Eisenthal and Linda Wasserman)

Adult Outpatient Psychiatry, consisting of the Acute Psychiatric Service, the Alcohol Clinic, and Psychiatry III, provided approximately 22,000 patient visits to 5,500 patients.

The Acute Psychiatric Service provides walk-in service between 9 A.M. and 5 P.M., Monday through Friday, and emergency care 24 hours a day, seven days each week. Emergencies are seen in the hospital emergency ward. During the average week 200 patients are treated in the Acute Psychiatric Service including 60 patients new to the service. All new evaluations are performed by resident psychiatrists with follow-up care provided by residents, psychologists, social workers, and students of various disciplines. The APS attempts to provide rapid evaluation and emergency management or brief therapy to all of its patients.

The major research on the Acute Psychiatric Service is attempting to study the "customer approach" to patienthood. We are currently testing five hypotheses which define the customer approach:

1. To the extent that the patient has stated his request and believes it has been supportively heard, he will participate more freely in the interview and feel more satisfied. This will hold true even if the request is not granted.

2. The patient whose request is heard and/or satisfied is apt to make a healthier or "progress" request (if he makes a subsequent request).

3. In those clinical situations where the optimal clinical response differs from what the patient wants, the processes of hearing and possibly responding in some way to the request will facilitate the negotiation process so that the clinician can better enable the patient to accept what he needs.

4. To the extent that the patient states his request, this added information will influence the clinician's case formulation and treatment decision.

5. To the extent that the clinician can understand the patient's request and use this knowledge in the clinical formulation, he will feel less helpless and more confident of his clinical formulation and treatment plans.

The staff of the Alcohol Clinic was expanded this year with the addition of Dr. Kenner Rawdon. This expansion was made possible as a result of our involvement in the Boston Alcohol Safety Action Project, a federally funded program designed to test the effectiveness of alternative methods of dealing with the drunk driver. The Clinic is responsible for performing psychiatric evaluations on individuals convicted of "Driving While Intoxicated" to assist the court in making appropriate treatment referrals as an alternative to fines or incarceration. We are seeing approximately four new patients a week as part of this program. It promises to be an exciting and potentially useful

approach to this very serious problem.

There has also been an increase in the number of new patients evaluated for long-term therapy in the Alcohol Clinic; we are now scheduling approximately 25 new patient evaluations per month. We have been able to increase the efficiency of our operation so that no patient has to wait more than one week for an evaluation appointment.

The Street Youth Program is now in its third year, and it continues to provide a variety of useful services for patients. We are pleased that the concept of patient advocacy, which we pioneered at the MGH, is now being considered for expansion by the hospital to many sectors of adult patient care. In addition to their patient advocacy work, counselors in the Street Youth Program have done effective work in long-term counseling of individual clients in group therapy. Former Street Youth Program counselors are now employed by the Bunker Hill Health Center and the Chelsea Health Unit, so that this unique approach to dealing with young peoples' problems is being expanded to the hospital's community-based operations.

The Outpatient Methadone Detoxification Program has recently been expanded to include a more prolonged form of methadone detoxification lasting up to six months. While the number of patients involved in the program is small, it has enabled us to provide a much more flexible range of treatment alternatives and has already proven to be highly useful for some patients. The program has also been reorganized to include more active participation on the part of the first-year psychiatric residents, thus giving them increased exposure to this growing patient population. The staff of the drug program has continued to work closely with the three self-help programs in the Harbor Mental Health and Mental Retardation Catchment Area (Care About Now in Chelsea, the East Boston Drug Action Council, and Project Turnabout). We are looking forward to increased collaboration with these groups in the development of future programs.

Current research activities include an evaluation of the effectiveness of our Outpatient Methadone Detoxification Program. As part of this project, we are doing follow-up evaluations on patients treated in the program during 1971. In the Alcohol Clinic, Dr. Hanna has continued her research into the relationship between recommendations for treatment and the therapist's attitude toward the physical and social characteristics of the patient.

The Psychiatry III Clinic is divided into a more traditional clinical section and the Psychopharmacology Clinic. The main division of Psychiatry III is the division responsible for in-depth evaluations and

consultations and long-term psychotherapy. Approximately 200 patients per week are seen individually and in groups where both exploratory and supportive therapy is performed. Psychotropic medication is used where indicated.

The Psychopharmacology Clinic is the other division of Psychiatry III organized in 1971 by Dr. Schwartz. This year Dr. Joseph Lipinski has also worked with the clinic for patients requiring psychotropic drugs as a primary treatment. This year some residents have joined the clinic on a regular basis. Approximately 25 patients are seen a week. They meet in a large group setting before being seen by members of the team who are physicians, social workers, and a nurse clinician. Symptom rating-scales are used as measures of the clinical picture, and all cases are reviewed each time by the physicians in attendance.

Child Psychiatry Unit (Drs. John H. Lamont, Norman B. Bernstein, Richard R. Peebles)

During 1972 the Child Psychiatry Unit received 225 referrals in addition to about 50 consultation requests from the wards. Most cases were seen for full evaluation, including psychological testing, and about half were taken into treatment-psychotherapy and/or medication, with concomitant casework with one or both parents. About 110 to 120 cases have been carried in treatment at any given time. Children are seen in treatment by psychiatric residents (about half of the cases), by psychology interns, social workers and social work students, and staff. There are about 50 people seeing cases in the Unit, mostly trainees, so that the demand for supervision is great, and probably will continue to increase. Also, the large number of trainees, each seeing a few cases, poses some problems of quality of care review, solution of which is being undertaken.

There has been a closer working liaison with the Children's Medical Service, with two senior residents in Child Psychiatry doing the consultation, teaching, and liaison. Residents' experience with child psychiatry has been extended to the Bunker Hill Health Center, which has a close affiliation with the Unit. The Unit has worked out a liaison with the Lindemann Mental Health Center and its satellite clinics: cases from the catchment area are accepted along with those from the MGH services.

Problems for the future will be posed by the probable cut-off of training funds and the increase in case-finding resources in the community without a parallel increase in treatment resources, so that

one would anticipate an increase in referrals and a diminution of staff.

Psychology Service (Drs. Sherry B. Autor, Richard R. Peebles; Ms. Anne Alonso, Ms. Ellen Daniels, Ms. Susan Quinby)

Clinical Psychology is both a clinical service and a training and research group within the Department of Psychiatry.

I. Clinical Services

A. The Psychology Laboratory Psychodiagnostic Service provides hospital-wide psychological services for adults and children. Psychological evaluations are offered for assessment of personality and of intellectual functioning, differential diagnosis in questions of organic versus functional etiology, and vocational and aptitude testing. The evaluations are used as aids in diagnosis and treatment planning for medical, surgical, neurological, and psychiatric patients.

B. Patient Evaluation and Treatment

1. Psychology staff and interns participate in patient evaluation and treatment in the Outpatient Psychiatric facilities: the Acute Psychiatric Service, the Psychiatric Outpatient Department Clinic, and Child Psychiatry.

This year, psychology interns have become members of a multidisciplinary patient-care team on Bulfinch 7, the inpatient psychiatric facility.

2. Psychiatric Facilities at the ELMHC and Harbor Area Community Clinics: Psychology staff and interns join community mental health center staff and trainees in evaluation and treatment planning. The emphasis is on preventive approaches and treatment of patient-in-community.

II. Training

A. Psychology staff are actively involved in the clinical and didactic training of psychology interns and psychiatric residents. Psychology and Psychiatry staffs jointly develop and lead seminars in Family and Couples Therapy and in Brief and Crisis Therapy. These seminars are an integral part of both the Psychiatry and Psychology training programs.

B. Professional Training in Clinical Psychology and Community Mental Health for Ph.D. candidates in Clinical Psychology fulfilling a clinical internship requirement; and Masters' level candidates in Clinical Psychology and Community Mental Health affiliated with MGH-ELMHC for a two-year professional clinical training experience.

Developed at the Massachusetts General Hospital, the two-year Masters' in Clinical Psychology and Community Mental Health Professional Training Program is an innovative program specifically created to train Masters' level psychologists in contemporary clinical and community skills. The training format is unique and distinctly in contrast with traditional Masters' and Doctoral programs in Clinical Psychology. The primary goal of the program is the development of clinical and community competence.

There are currently two Masters' level training programs with the Northeastern University Graduate School of Education and with the Eliot Pearson Department of Child Study, Tufts University. Each training program has an academic curriculum developed jointly by the university's faculty and the MGH-ELMHC clinical staff. The trainee spends two calendar years in the program. One-quarter to one-half time during the first year, and three-quarters to full time during the second year is spent in direct clinical-community service and training at the MGH-ELMHC. A Masters' degree from the University and a certificate from the MGH-ELMHC in Clinical Psychology and Community Mental Health will be awarded upon completion of the joint program. Currently being negotiated with the National Institutes of Mental Health is an MGH-ELMHC proposal for a facility-based training grant. This is an innovative concept which allows, for the first time, a clinical facility to develop and administer a degree-granting professional training program in Clinical Psychology and Community Mental Health. This program meets the primary professional goal of the community mental health movement in that it encompasses comprehensive mental health care of children, adults, and family in community. Both the Professional Training Model and the facility-based funding concept are a first in graduate-level Clinical Psychology and Community Mental Health training.

III. Research

Psychologists are participating in outcome studies of family therapy, brief and crisis therapy, and mental health consultation to schools. Other research participation includes a joint investigation with psychiatry, neurology, and orthopaedics on pain patients.

Teaching Medical House Officers (Drs. Thomas F. Dwyer, Louise Dierker, Frederick Guggenheim)

This program's aim is to provide physicians with additional skills in psychological diagnosis and management that will enable them to detect and respond effectively to emotional disturbances in their patients.

During the calendar year of 1972 the program's goals have been facilitated by the use of a portable video-tape recorder and of fixed video equipment that is part of teleconsultation. With the permission of the house officer and the patient, interviews may be recorded in whatever medical setting is appropriate and played back on a portable television monitor, allowing a careful examination of the interaction of the doctor and patient on each other. Video-tape recordings of interviews to demonstrate the variations in normal personality types are being prepared and used with house officers and psychiatric residents on consultation.

Teleconsultation and Telepsychiatry (Dr. Thomas F. Dwyer)

1. Teleconsultation: An interactive (two-way audio-visual) television system between Bedford Veterans Administration Hospital and MGH began operation in March, 1970. The system is being used to provide patient care, teaching, and research in various disciplines. Psychiatric residents and staff have participated both as consultants and trainees in this new technique. Middlesex Community College, located in buildings formerly used by the Bedford hospital, is sharing the system with Bedford. The MGH is carrying on programs with the college that include a study of learning disorders in young adults, the training of students in group leadership, etc.

2. Telepsychiatry: The interactive television connection between the Medical Station at Logan Airport and MGH beginning in mid-1969 and continuing through 1972 has been increasingly used for psychiatric evaluation and consultation to individuals and institutions. Beginning in September, 1970, a program reaching out into the East Boston and Nahant communities provided psychiatric consultation to school teachers, probation officers, and others concerned with children. During 1972 new programs included a full semester course in counseling to adolescents for 24 East Boston high school teachers for which the teachers are being granted official college credit. A program utilizing interactive television is providing consultation on learning disorders to teachers, parents, and children from the Marblehead School System, an activity supported by the Division of Special Education, Commonwealth of Massachusetts. In broad perspective, this system particularly is being utilized as a pilot laboratory in which a broad variety of medical, educational, and social applications can be tried out.

Community Mental Health Training Program (Drs. Robert L. Bragg, Helen M. Herzan, Alvin Simmons, and Miss Mary Kearney)

This postgraduate training program in Community Mental Health was initiated in 1955 with one Fellow, a psychologist. The following year psychiatrists and psychiatric social workers were included in the program. The project for psychologists was terminated as of June 30, 1970. This is a training program for teaching Community Mental Health concepts and practices in a one-year or two-year program for psychiatrists and ten months for social workers.

The program is one in which seven areas for training are emphasized: (1) community processes and systems analyses; (2) epidemiology; (3) crisis intervention; (4) mental health consultation; (5) group dynamics; (6) research training in community mental health; and (7) communication and education.

During the first part of the calendar year 1972 there were 6 trainees: 5 social workers and 1 psychiatrist. For the last half of 1972 there were an additional 6 in the program centered around increased involvement of the trainees and staff in the programs of the Harbor area. Changes were made in the content of the various seminars in an attempt to make this material more relevant to the clinical experiences of the trainees.

MAJOR AREAS OF RESEARCH NOT ASSOCIATED WITH CLINICAL SERVICE

Project Omega (Drs. Avery D. Weisman and J. William Worden; Robert Sterling-Smith, M.A.; Dorothy Wingquist, M.S.W., Katherine Sampson, M.S.W., and Jane Calhoun, M.S.W.; John Raker, M.D. (Consultant)

During the year 1972-73, Project Omega I ended and Project Omega II began. Aside from the titles, however, research aims differ considerably. Omega I was primarily intended to investigate psychological and social factors in preterminal, terminal, and suicidal patients. It emphasized the psychological autopsy as a method of retrospective evaluation.

In contrast, the purpose of Omega II is to understand how patients cope and fail to cope with cancer, from the earliest period of discovery and diagnosis through vicissitudes of the illness and treatment. Thus, we have moved away from the terminal phase of life to a study of coping strategies in people faced with a serious illness, not all of whom, by any means, will succumb to their illness.

Our methods are statistical and longitudinal, combined with personality inventories and structured interviews obtained at regular intervals during the course of illness and treatment.

Because we are limited in personnel and funding, at present we confine the cancer sites to the following: Hodgkin's disease, malignant melanoma, cancer of the breast, lung, and gastrointestinal tract.

Numerous publications emerged from Omega I, and we have been gratified by the reception of our work in other centers. To cite only one example, the Risk Rescue Rating of assessing suicidal disposition has been adopted by several university groups who are continuing to investigate self-destructive behavior. References, reprints, and copies of lectures delivered to professional groups are available.

We hope that by better understanding of social and psychological components in cancer, we can also contribute to more comprehensive care, and that our work can be incorporated into the MGH cancer program for application to larger numbers of patients.

Child Development Laboratory (Drs. C. Keith Conners, Carol S. DuBois, Deborah Lott Holmes)

1. Comparative Effects of Magnesium Pemoline, Methylphenidate, and Placebo:

A further comparison between a standard stimulant treatment (methylphenidate) and magnesium pemoline in a double-blind, placebo study over ten weeks is in progress.

2. Long-Term Follow-Up of Magnesium Pemoline and Methylphenidate:

The long-term effects of magnesium pemoline and methylphenidate are being studied for efficacy and safety.

3. Early Identification and Treatment of Behavior Disorders:

Children in kindergarten are screened with neurological and psychological measures and high risk cases are placed into special classes at the Erich Lindemann Mental Health Center. The effects of special education versus stimulant drug treatment are examined over the one-year period with follow-up of improvement in the second grade.

4. Long-Term Safety of Methylphenidate Treatment in Children Under Six Years of Age:

Children being treated by pediatricians with Methylphenidate are being followed for one to three years with regular pediatric and psychological measures to determine long-term safety and efficacy.

5. Clinical Effects of Caffeine in Hyperkinetic Children:

This is a double-blind, cross-over, three-week study of effects of caffeine on hyperkinetic behavior. Academic and behavior measures are used to determine the possible value of this stimulant for hyperkinetic children.

6. Study of the Biological Basis of Reading Disorders:
The relationship between certain types of reading failure and cortical-evoked responses are being investigated using intersensory stimulation.

Stanley Cobb Laboratories for Psychiatric Research (Drs. Warren Foote, J.C. Thomas, James L. Fozard)

1. Current research objectives include the investigation of indolamine and reticular influences on unit activity in the lateral geniculate nucleus of the cat.

Experiments conducted to date have yielded evidence for monosynaptic innervation of lateral geniculate from midbrain areas presumptively rich in serotonin.

Electrophysiological work has provided evidence of short-latency effects consistent with mono-synapticity, and electron microscopy has yielded evidence of terminal degeneration in lateral geniculate from midbrain sites producing short-latency neural change.

These studies provide the necessary physiological and anatomical data for subsequent pharmacological work.

2. Decision-making and memory processes have been evaluated in about 165 male volunteers ranging in age from 25 to 75 years. Each participant served in one of three subsets of eight experiments.

Decision-making—Results of a two-choice reaction time experiment indicated that the extent to which response latencies increase with age depends in part on whether the currently presented stimulus is the same or different from its predecessor. In one task the subject pressed one response lever when the current stimulus was the same as its predecessor and another when it was different. It was found that changing the stimulus, the response, or the mapping between the two increased the response latency for all subjects. Reaction times of older subjects increased disproportionately with a change in the mapping between stimuli and responses.

Memory—Results of two other experiments showed that in comparison to younger persons, older individuals took longer to retrieve information from both short- and long-term memory stores. The age-related difference in retrieval from long-term memory was greatest when the material was newly learned. The difference between times taken to remember familiar and unfamiliar material was also found to increase with age in a separate experiment in which subjects were required to decide whether a test item belonged to a set of previously memorized letters. Finally, the amount of pictorial ma-

terial correctly recognized when tested at periods of up to four months was found to decrease dramatically with age.

Psychobiological Research Laboratories (Drs. Seymour S. Kety, Ross J. Baldessarini, Steven W. Matthysse, Jeffrey Gilbert, Joseph F. Lipinski, Jane E. Harris, Manfred Karobath, F. Schnaas, D. Tarsy, Visiting Professors Janice Stevens and Jonathan Magnes, Predoctoral Students James Macon, Charles Popper, Sylvia Gerson, Suzanne Haber)

The aim of this program under the general direction of Dr. Seymour Kety is to conduct research in biological disciplines of broad relevance to psychiatry. The unprecedented increase in knowledge of the morphology, biochemistry, pharmacology, and function of the brain over the past two decades makes more feasible the bridging of gaps between fundamental knowledge and mental illness. It is possible to choose areas of research which may elucidate basic biological mechanisms and at the same time permit the development or the examination of hypotheses relating to one or another serious mental disorder. More specifically, the recent objectives of the laboratory have been: (1) to examine the metabolism, storage, and release of biogenic amines which appeared to act as neurochemical transmitters in the central nervous system; their post-synaptic effects and their possible relationship to behavioral states in an attempt to elucidate neurochemical mechanisms which may operate in the affective disorders and in schizophrenia; (2) to investigate processes involved in protein synthesis in the brain and their regulation, recognizing their implications for cerebral development and intellectual maturation; and (3) to study psychobiological aspects, particularly genetic, biochemical, and pharmacological, of the major psychoses.

Genetic Components of Mental Illness

Evidence that certain of the psychiatric disorders have a significant genetic component in their etiology serves as a basis for a continued search for biological factors which are essential in their pathogenesis. A unique national sample of 15,000 adopted individuals and their biological and adoptive relatives has served as the basis of a number of studies by Dr. Kety in collaboration with Drs. David Rosenthal and Paul Wender of the National Institute of Mental Health, and Dr. Fini Schulsinger of the Kommunehospitalet in Copenhagen, which attempt to disentangle the genetic and environmental factors in schizophrenic illness. This group had found earlier, in a study based

upon hospital records, a significant concentration of schizophrenia-related disorders in the biological relatives of individuals now diagnosed as schizophrenic who had been separated from their biological relatives in early life. In the past year, comprehensive psychiatric interviews have been conducted with 94 percent of the biological and adoptive relatives, as well as appropriate controls, now living in Denmark or other Scandinavian countries. Diagnoses based upon these interviews have confirmed and extended the previous results. Diagnosable schizophrenia was found in twelve percent of the biological relatives of schizophrenics, whereas their adoptive relatives, and the biological and adoptive relatives of non-schizophrenic controls showed a prevalence of schizophrenia no greater than that to be expected in the general population. Much information on environmental and experiential factors which may be important in the development of schizophrenia was obtained through the interviews and is now being analyzed. Data are also being gathered for a study along similar lines on the genetic-environmental interrelationships in the affective disorders.

Biological Studies in Schizophrenia

Drugs which are effective in the treatment of schizophrenia such as chlorpromazine and haloperidol are known to accelerate the metabolism of dopamine in the brain, presumably reflecting an antagonistic action on its receptors. Dr. Matthysse has been examining the effects of a variety of phenothiazine drugs with varying antipsychotic efficacy to determine how closely correlated is the anti-psychotic effect with an effect on dopamine turnover. The findings to date, based upon measurement of the major dopamine metabolite in the cerebrospinal fluid of monkeys, supports such a correlation for most but not all drugs examined. The cerebrospinal fluid may reflect predominantly the action of drugs on the major dopamine system in the caudate nucleus, whereas it is possible that other nuclei such as the nucleus accumbens may be more closely related to schizophrenia and the antipsychotic drugs. A method for measuring dopamine turnover in such nuclei, which does not depend upon cerebrospinal fluid examination, has been developed and is being applied. In addition, by recording the electrical activity of single cells in this nucleus by means of platinum microelectrodes in awake monkeys, the effect of antipsychotic drugs on their spontaneous and evoked activity can be elucidated. These studies will constitute a more definitive test of the hypothesis that an effect on

particular dopamine synapses mediates the antipsychotic actions of these drugs. Since the functional role of this nucleus is not well understood, Suzanne Haber is examining the behavior of monkeys following infusion of dopamine into the nucleus accumbens. Preliminary results suggest that inappropriate behavior (assumption of grooming posture in the absence of a partner, rage instead of play activity) may be evoked by dopamine stimulation.

In collaboration with Dr. Erlenmeyer-Kimling of the New York Psychiatric Institute and Dr. Vivian Shih of the Department of Neurology, Dr. Matthysse is examining the urinary amino acid pattern of children of two schizophrenic parents testing the hypothesis that homocystine metabolism or that of other amino acids may be disturbed in schizophrenia.

There have been numerous reports of abnormal histamine levels in the blood of schizophrenic patients which are difficult to interpret because of limitations in the methods previously available. Using a recently developed technique of high specificity and sensitivity, Dr. Lipinski is examining the regional distribution of histamine in the normal human brain and in the blood of normals and schizophrenic patients. These studies may suggest the functional role of histamine in the brain and may clarify its relevance to schizophrenia. Studies have been carried out by Matthysse, Lipinski, and Baldessarini related to biological transmethylation in the brain and its possible involvement in schizophrenia.

Neuropharmacological and Neurochemical Studies

Dr. Baldessarini and his collaborators have continued their highly productive investigations on the metabolism of biogenic amines which are putative transmitters in the central nervous system. A technique was developed for studying the efflux of exogenous labeled amines, such as dopamine, from as little tissue as one caudate nucleus of the rat. This technique has been variously applied in studies of a number of psychoactive drugs and their effect on transport, storage, and release of dopamine and other putative transmitters, as well as their interrelationships with congeners which may compete with or modulate the release or activity of physiological transmitters. Chlorpromazine was found to block the release of dopamine while a clinically ineffective congener, promethazine, did not. This finding suggests that the anti-psychotic effect of phenothiazines may occur not only by way of the blockade of catecholamine receptors, but also be decreasing the release of catecholamines.

Dr. Jane Harris has completed her studies on the effects of amphetamine and certain analogs on the uptake of catecholamines by corpus striatum and cerebral cortex as well as their effects on tyrosine hydroxylase. The striking resemblance of the psychosis produced by prolonged amphetamine usage to paranoid schizophrenia and the production of bizarre stereotyped behavior in animals by this drug makes the study of its mechanism of action of considerable psychiatric interest. In her studies, dextroamphetamine was found to be four times more potent than the L-isomer in blocking the uptake of dopamine by striatal tissue, compatible with the hypothesis that an action of amphetamine on the corpus striatum may be involved in the production of amphetamine-induced stereotyped behavior. The results with tyrosine hydroxylase are consistent with the concept that d-amphetamine may act indirectly in the striatum to stimulate dopaminergic receptors both by the release of the transmitter and inhibiting its reuptake.

With Dr. Josef Fischer of the surgical service, Dr. Baldessarini has continued the examination of possible false transmitters in the central nervous system which become elevated in impaired hepatic function and may account for some of the central manifestations such as hepatic coma. Turning their attention from catecholamines to indoleamines, they have found that in experimental hepatic coma in the rat, brain levels of tryptophan were elevated five fold and that of serotonin and its main metabolite doubled. L-dopa was found to decrease the serotonin levels by thirty percent, perhaps by displacement with dopamine. These results may have some bearing on the mechanism by which L-dopa reverses many of the cardiovascular, renal, and neuropsychiatric signs of liver failure in man. Since cerebrospinal fluid concentrations of glutamine are elevated in patients with liver failure and correlate closely with the depth of hepatic coma, Dr. Baldessarini has examined the possibility that glutamine may act as a "false transmitter" by virtue of its similarities to glutamate and aspartate which have been proposed as excitatory neurotransmitters in the central nervous system.

Using an invertebrate synapse in which serotonin is likely to be acting as a transmitter, James Macon has studied the characteristics of the post-synaptic neuron membrane and the actions of serotonin, some of its congeners, and other psychoactive drugs. This system provides a means by which such drugs may be tested on an isolated serotonergic synapse in order to aid the understanding of their mechanism of action. The study also provides additional knowledge about the role of serotonin as a mediator in synaptic transmission.

In order to understand better the relationship between protein metabolism and nervous system function, Dr. Jeffrey Gilbert has examined the control of protein synthesis in cell-free systems derived from neuronal tissue. Cell-free protein synthesis systems containing neuronal synaptic components have been developed. Effects of various small molecules such as ions, neurotransmitters, and transfer RNA as well as psychoactive drugs are being studied in these systems in order to gain information on the relationship between control of protein synthesis and synaptic function. Eventually these studies may give some insight into the molecular events associated with drug action in the central nervous system and with the processes involved in the consolidation of memory.

In studies of the effect of inhibitors of central noradrenergic transmission on learning processes in mice, Charles Popper has not found an interference with learning as doses of such inhibitors below the toxic level. An incidental finding in these studies suggests that certain sulfhydryl agents may block long-term memory in mice without interfering with learning or with short-term memory. Although the significance of this finding is unclear, the selectivity of the effect is striking and appears worth pursuing from the point of view of its effects on protein synthesis and consolidation of memory.

The Erich Lindemann Mental Health Center and the Harbor Area
(Drs. Klerman, Barrett, Borus, Clark, Curren, Ise, Jacobson, Mandel, Midwood, Paolitto, Reynolds, Rosenblatt, Shaw, Stevens and Staff)

The Erich Lindemann Mental Health Center and its affiliated clinics serve a catchment area of approximately 173,000 residents, called the Harbor Area, which is one of 39 comprehensive mental health and mental retardation areas within the Commonwealth of Massachusetts. The area includes the municipalities of Chelsea, Winthrop, and Revere, and the Boston neighborhoods of West End, North End, Beacon Hill, Charlestown, and East Boston.

The Department of Psychiatry of the Massachusetts General Hospital has been involved in the planning and development of the Lindemann Center and Harbor Area program for many years. The Department is affiliated directly with the Lindemann Center through a contract for cooperative residency training at the two institutions.

In the past year, there has been a rapid increase in programming for the Harbor Area mental health center. Since Dr. Raquel Cohen's departure in July there has been active recruitment for a new Clinical Director, whom we expect to have on board by July, 1973. The staff has also begun the recruiting process for a Director of Psychological

Services, who will coordinate the psychology personnel and programs in the Harbor Area.

Along with recruitment to complete the roster of senior personnel, the Massachusetts legislature allocated 26 additional personnel to allow the Harbor Area to open a second 25-bed inpatient ward at Lindemann Center. This action enabled the Harbor Area ward at Boston State Hospital to be closed and allowed the Lindemann Center sufficient staff to provide inpatient services to all residents of the Harbor Area.

At this time, services at the Lindemann Center and in the Harbor Area program include the two adult inpatient wards, four community clinics, and units for Developmental Disabilities, Day Treatment, Rehabilitation, Evaluation-Research/Medical Records, Administration and Supporting Services, and Training. Also housed at Lindemann Center and part of the Harbor Area program is the Robert White School, a therapeutic school for disturbed adolescents.

Steps are being taken for more effective services in the communities served by the Center. The staff has been very pleased with the coordination developed with the Bunker Hill Health Center for mental-health services in Charlestown and with the North End Community Health Center, and there is extensive planning for health-care services in Chelsea involving the Massachusetts General Hospital, Lindemann Center, and Chelsea citizen groups.

The medical staff at Lindemann Center participates actively in teaching and related activities of the Massachusetts General Hospital where they have appointments in the Psychiatry Service.

At the current time, research activities include: studies of outpatient treatment of depression (Dr. Klerman); measurement of muscle tension as an index of mood and tension in depressives (Dr. Klerman and Michel Mandel, M.D.); studies of epidemiology in mental health (James Barrett, M.D.); studies on characteristics of adolescents and young adults who use drugs to abuse and dependence (Gene Smith, PhD.); rehabilitation (Julien Myers, PhD.); studies in amines in schizophrenia and neuropsychiatry (Janice Stevens, M.D.); and research in psychopharmacology (Alberto DiMascio, PhD.).

LEON EISENBERG, M.D.
Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital

The relationship of viruses to cancer continues to dominate thinking in the cancer research field. Each year brings more examples of malignant tumors in animals—from snakes to monkeys—which can unequivocally be demonstrated to be caused by viruses. There are two classes of animal tumor viruses—those in which the genetic material is deoxyribonucleic acid (or DNA), as in the chromosomes of living cells; and those in which the viral genetic message is ribonucleic acid (or RNA), the material which carries the blueprint of the gene from the nucleus of the cell into the cytoplasm. In the cytoplasm this information is converted into protein molecules, which serve as the workers and traffic policemen in the economy of the cell.

In addition to providing information for the construction of new molecules and replacement of those worn out, the DNA of the cell is also the repository for regulatory messages which determine how rapidly or slowly the cells of an organ will grow and in which of several possible activities it will engage. It is among these regulatory activities of DNA that sophisticated efforts are being directed in a number of laboratories to uncover defect(s) in restraint of growth which appear to be responsible for the overgrowth of tumor cells.

It is now established that the genetic information contained in the nucleic acid of an oncogenic virus is built into the chromosomal material of the host cell. In this position, it can remain dormant for a long period of time, doing no harm. It can, however, be activated and become transcribed along with normal messages in the cell nucleus. All the information necessary to prescribe for a complete virus is available, and the oncogenic virus, once again formed *in toto*, may now begin to multiply. Events which accompany multiplication of the virus result in transformation of the host cell into a malignant cell.

The host cell also plays a role in the decision as to whether a virus with oncogenic potential will realize its malevolent possibilities. Recent work of W. Rowe at the National Cancer Institute indicates that at least two genes in a host strain of mouse determine whether a mouse leukemia virus will evoke leukemia or not.

In our laboratories an increasing amount of our total effort is

being drawn into the field of oncogenic virology. Our special interest is in trying to explain in biochemical terms how a virus transforms a normal cell into a malignant one. We have selected the chicken leukemia virus (known as the Avian Myeloblastosis Virus) as a model for study, since at the height of the disease there are one trillion virus particles per milliliter of chick plasma. We are also engaged in a study of the nature of Hodgkin's disease, a malignant disease of the lymphatic system in humans, which is suspected to be due to a virus.

Let me first give a quick brush over certain other research activities before describing any single area in more detail.

Dr. Lewis Engel and the Steroid Hormone Group in the laboratory are studying the molecular mechanisms by which these normal regulators of growth and differentiation interact with their target cells. In a similar vein, Dr. Nancy Bucher is investigating the way in which a rat is able to replace the loss after two thirds of its liver is removed. This is a rapid regeneration of tissue, faster than that which occurs in tumor growth, and yet one which is under the normal control mechanisms of the animal.

Many years ago these laboratories were fortunate enough to open up a new field in biochemistry by discovering the pathways which lead to synthesis of protein. We still maintain an interest in this field which is central to problems of growth. In this area, Drs. Irvin Hirshfield and David Coleman are dissecting out detailed mechanisms by which amino acids are activated and attached to the correct shuttle molecules (transfer RNA) which line up these amino acids in the correct sequence during the process of synthesizing a protein molecule. In this way the message of the gene is correctly translated into the structure of a protein molecule. One of the leading hypotheses on the mechanism of aging is that errors creep into this process of translation, and eventually inferior enzyme molecules are synthesized, progressively incapable of carrying out the job required of them to keep the living machine functioning in top form.

These varied studies are mentioned a little more fully in the following paragraphs.

Clinical Studies on Cancer

Dr. Alan Aisenberg's investigation of the surface of the neoplastic lymphocyte has proceeded apace in the last year. In approximately 90 percent of the more than 40 patients with chronic lymphocytic leukemia (CLL) studied it has been possible to demonstrate and characterize the immunoglobulin on the cell surface with fluorescence microscopy. In the great majority of instances this surface

immunoglobulin has proved to be Immunoglobulin "M" (each patient has only one type of immunoglobulin light chain, indicating the clonal nature of the proliferating cells in CLL), but in three individuals Immunoglobulin "G" has been observed on the cell surface. The results suggest that chronic lymphocytic leukemia is a disorder of the bone marrow-derived, unprocessed B lymphocyte rather than of the thymus-processed T cell, since only B lymphocytes exhibit surface immunoglobulin. Other recent investigations in Dr. Aisenberg's laboratory also support the possibility that CLL lymphocytes are of B cell origin. Thus cells from most CLL patients do not react with an anti-thymocyte antiserum which reacts with normal human T cells. Further, CLL cells do not form rosettes with sheep erythrocytes and are retained on nylon fiber columns, additional properties associated with B lymphocytes of rodent origin. Circulating lymphocytes and fresh spleen and lymph node biopsy material from a variety of other lymphoid neoplasms have been analyzed also, and characteristic patterns of the neoplastic cell surface in several other disorders are emerging. These new approaches to the lymphocyte surface hold considerable promise for the development of an improved new classification of lymphoid neoplasms with therapeutic implications. At the same time our understanding of lymphocytes in health and other disease states is being advanced.

Drs. Rita Kelley, Robert Carey and W. Davies Sohier, Jr., have been joined in the Clinical Oncology Group by Dr. Sheldon Kaufman. Their studies and therapeutic programs have centered around combination chemotherapy in intermittent pulses for the treatment of a variety of advanced neoplasms. It is their hope and intent that such programs will be initiated earlier in many patients, perhaps on a prophylactic basis in those lesions having a poor prognosis from the time of surgery. Such programs would be particularly applicable to breast cancer and colon cancer. They continue to carry on clinical research programs in breast cancer utilizing new steroid compounds alone and in combination with chemotherapeutic agents. Among them they are treating large numbers of patients with lymphoma of various histologic types.

Dr. Carey has continued to serve as Chairman of the Boston Group of Acute Leukemia Group B which has increased its size through affiliation with Dr. David Nathan of the Boston Children's Hospital, Drs. Charles Emerson and Louis Weintraub of the University Hospital, and Dr. William Davis of Springfield Hospital, Springfield, Massachusetts, in the various chemotherapeutic cooperative studies carried out under the auspices of Acute Leukemia Group B. Approxi-

mately 50 clinical studies are ongoing at any one time through the kind joint efforts of the investigators of the Boston branch of Acute Leukemia Group B. Studies of particular interest at this time include a triple alkylating agent study for multiple myeloma and a comparison of three separate regimens in acute myelocytic leukemia. During the current year clinical use of the anti-tumor antibiotic, adriamycin, has been introduced in lymphoproliferative disorders as well as solid tumors.

In cooperation with Dr. Daniel Nixon and Dr. Herman Suit and members of the Department of Radiotherapy, Dr. Carey has expanded interest in utilizing combination chemotherapy in the disease oat cell carcinoma of the lung with apparent marked improvement in survival of patients in comparison to patients who received either single oral doses of cyclophosphamide or less vigorous treatment in prior years.

Basic Studies

Endocrine Hormone Regulators

The Endocrine Group under Dr. Engel is pursuing studies of the regulation of the level of steroid hormones, particularly as affected by the metabolic environment in which they are synthesized and degraded. In addition, increasing attention is being directed to the elucidation of the structural features of steroid hormone metabolizing enzymes that determine their catalytic activities.

Dr. Braselton is completing studies on the transformation of androgens to estrogens by human placental microsomes. The process consists of two parallel linear reaction sequences, in one of which the compounds possess the 17-keto group and the other the 17β-hydroxyl group. In addition, there is the possibility of reversible interconversion at each step of the process. The time course of the reaction and the relative amounts of intermediates and products is markedly sensitive to the concentrations of reduced pyridine nucleotides and of substrates in reaction mixture. The marked influence of environmental conditions on the course of the reaction underscores the need for caution in assignment of pathways based upon experiments performed under only a limited set of conditions.

Dr. Groman is continuing work on the structure of human placental estradiol dehydrogenase, an enzyme that has interested us for many years. Using the technique of affinity labeling, he is now attempting to identify reactive groups at or near the active site of the enzyme. He has synthesized six potential active site-directed irreversible inhibitors of the enzyme. Of these, two are potent inhibitors, the

actions of which are blocked by 17β-estradiol, suggesting that the inhibitors are in fact attacking at the catalytic site of the enzyme. The interaction with the inhibitor leads to covalent linkage and cannot be reversed by dialysis. The characterization of the amino acid residue bound by the affinity label is the next order of business.

"Cortisone reductase" of *Streptomyces hydrogenans* is an inducible enzyme that attacks steroids bearing the 20-ketone group and the 3α-hydroxy group. The two activities residue in the same enzyme and are both NADH dependent. In attempts to ascertain if the same region of the enzyme is involved in the catalysis of the two reactions, Drs. James Orr and Eliezer Rapaport have studied the stereospecificity of hydrogen transfer from NADH. In both cases it is the 4-pro-S hydrogen of NADH that is transferred. The stereospecificity is unaltered in 50 percent aqueous dimethylsulfoxide or by the presence of two potent inhibitors of the enzymatic activities. It appears, therefore, that the two catalytic activities reside in the same or neighboring portions of the enzyme molecule.

Studies on Protein Synthesis and its Regulation

Dr. Irvin Hirshfield's accomplishments involve studies on mutants of *Escherichia coli* which have decreased activity of lysyl-tRNA ligase. The activity of the enzyme is nutritionally conditional in that it is low in minimal medium, but normal in highly enriched media. During the past year he has found factors which when added to minimal medium restore the activity to normal. It was first found that the combination of alanine, leucine, and fructose when added to glucose minimal medium was effective. Next he found that dipeptides containing leucine are even more effective in that they fully restore activity at a concentration 1/10-1/20 of that of leucine. In addition, evidence indicates that the increase in activity of lysyl-tRNA ligase is due to the production of new protein. The possible significance of these results is as follows: 1) these mutants appear to be the only known example of a mutation which markedly reduces the rate of synthesis of a constitutive enzyme and 2) the possibility that certain dipeptides may have some regulatory role in protein synthesis is raised, but certainly more work is needed to establish this.

During the past year, Dr. David Coleman has endeavored to elucidate the underlying principles by which proteins and nucleic acids interact with extraordinary specificity. One study, carried out with Dr. Nancy Kolodny, has demonstrated that interactions occur

between dipeptides containing aromatic amino acids and nucleosides or dinucleoside monophosphates, which can be detected by means of nuclear magnetic resonance properties which also indicate which specific parts of the molecules are participating in the interaction. In addition, he has used methionine tRNA ligase and $tRNA_F^{met}$ (both from *E. coli* K-12) as a representative protein-nucleic acid system. Recent studies have demonstrated that an enzyme-nucleic acid complex can be isolated. By measuring the circular dichroism of the complex, he has determined that the interaction is not accompanied by a detectable change in the secondary structure of the tRNA, but does seem to give rise to a measurable change in the protein conformation. We have also initiated a probe of the vital parts of the enzyme with respect to its biological activity by making use of site-specific reagents. The compound, p-chloromercuribenzoate (pCMB) reacts with the sulfur moiety of cysteine residues on the protein and inactivates it. He has found that the effect of pCMB is a wide-reaching one since not only does the inhibited enzyme fail to form the intermediate, methionyl adenosine monophosphate, but it cannot transfer methionine from this intermediate to $tRNA_F^{met}$. This approach promises to bear even more fruit when it is enlarged to make use of additional reagents which are specific for other sites on the protein and may enable one to map the specific site for the binding of tRNA.

Control of Growth in the Liver

Dr. Nancy Bucher continues to seek the mechanism by which a hepatic tissue deficit induces the remaining cells to proliferate intensively, but in controlled fashion so that growth ceases when the lost tissue is restored. Excision of two thirds of the liver is followed by a sequence of biochemical changes in the liver remnant that may yield clues to the nature of growth regulation. She is currently examining the biosynthesis of microtubule protein, the subunit of microtubules which form the fibers of the mitotic spindle. On a different tack, she is seeking the source of the humoral agent(s) that our prior studies indicate must be present to initiate the growth process; this is an attempt to find whether the liver can regenerate in rats eviscerated of all portal splanchnic organs and maintained by hyperalimenation.

Studies on Viral Tumor Production

In animals: Drs. Stephenson, Scott, Rosenthal, Wirthlin, and Zamecnik are engaged in a joint effort to investigate the possible

mechanisms by which an oncogenic virus subverts the metabolism of susceptible host cells. It is known that the avian myeloblastosis virus, which kills chicks within 3 weeks of inoculation of the virus as a result of an overwhelming leukemia, contains ribonucleic acid (RNA) as a genetic material, and that this is the source of the malignant aberration the virus produces. This RNA has the form of a long, single strand, like a chain of varicolored beads 10,000 units long, and this chain contains the malignant message. We have started to decode the message, and can report that one end of the molecule ends in the nucleic acid base adenine. Only 9,999 more bases and we shall know the entire sequence! Fortunately, there are better, less painful sequencing procedures in the offing, and our newest recruits, Drs. Dennis Schwartz and Eliazer Rapaport, are tuning up to test these potentially better methods on the virus.

Studies on a Possible Human Tumor Virus

Drs. Zamecnik and John Long, with the help of Dr. Aisenberg, have begun to look for a virus in spleens removed from patients with Hodgkin's disease during the course of their staging and treatment. The tissue cultures from the Hodgkin's patients provide evidence—suggestive but not conclusive—for the presence of a human cancer virus. There is also a definite antigen produced by the Hodgkin's spleen cells grown in tissue culture, which is thus far not found in normal spleens nor in spleens from patients with other diseases.

PAUL C. ZAMECNIK, M.D.
Director

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Vincent Memorial Hospital
Report of the Chief of Staff

The most noticeable item among the hospital's activities is, once again, a large increase in the number of women seen in the Ambulatory Clinics; 22 percent greater than last year and now three times the volume handled just 10 years ago. Efforts to maintain efficiency and quality of care under such pressure require constant attention to space and staffing, as well as continued review of procedures, particularly administrative ones, which must accommodate or stumble. Although it has been suggested in the past that the establishment of an appointment system for our ambulatory patient visits would help equalize the load, regularize the hours for both patients and staff, and elevate the aura of the clinics to one more like that seen in private offices, it is now clearly to be seen that such a move would not only immediately demand an increase in the secretarial staff and space, but would also interpose between patients and doctors several factors for delay which would tend to erase the one overwhelming advantage that the clinics now offer, namely, the opportunity to be seen at once for complaints that need not be of an emergency caliber. We will, accordingly, continue to cope effectively by increasing use of trained nurse-clinicians, by centralization of care for venereal disease patients, and surely before much more time passes, by the localization of qualified physicians full time in this area. When one calculates that the present clinic volume of patients is equivalent to the annual private office practices of five experienced and industrious gynecologists, the logic of this recommendation is unassailable.

Research during the year was at peak level, with the new facilities fully utilized. Research continues in three other areas, as in the past, under the direction of Doctors Zacharias, Herbst, and Barnes. The fiscal support of all projects continues to be shared by the hospital and outside agencies. At this time a larger proportion than ever before has, on its scientific merits, achieved extrinsic funding and it should be possible, therefore, to assign part of the Annual Club contribution this year as an increment of capital to the Vincent Club Fund which has so effectively in years past cushioned this vital hospital activity against the vagaries of outside support.

The inpatient services operated at a pace equal to that of their sister services of the Massachusetts General Hospital. The only

noticeable change is a larger volume of transient operative procedures. This is a trend very much in line with current emphasis on thrift in the utilization of expensive health-care facilities.

The staff once again made heroic contributions to national and international scientific programs and publications, and the annual postgraduate course in September was fully subscribed and praised as always for its happy combination of superb teaching and personalized involvement with the physicians attending it.

Finally this annual accounting offers me once again a welcome opportunity to acknowledge the debt my staff and our patients owe to the Trustees and Managers of the hospital and all the members of the Vincent Club for their support.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

The beginning of our year at the hospital has coincided for a considerable length of time with the postgraduate course for gynecologists, given jointly by the Vincent Memorial Hospital and the Harvard Medical School. This year there were fifty-one lecturers, and sixty doctors were enrolled from twenty-five states and six foreign countries. An eager, sophisticated group, its members made the most of a rigorous curriculum. It is always a source of pride for us to realize how important this course is to so many people and how far the influence of the Vincent Memorial Hospital and its staff extends.

We are, therefore, challenged to increase our interest, efficiency, and responsibility as members of the Vincent Club and of this Board. Repeatedly we are subject to close scrutiny and serious evaluation. We must continue to meet whatever challenges face us.

In November each year we look forward to the opportunity to express our appreciation to everyone connected with the hospital by holding a morning coffee party. Miss Mary Macdonald, Director of Nursing Service of the Massachusetts General Hospital, spoke at the November meeting about the reorganization of nursing administration structure in order to increase efficiency and to meet the needs of patients more effectively. She also pointed out that there were no nursing position vacancies at the time, a situation that has not been true for many years.

In January the newly renovated Research Laboratories of the Vincent Memorial Hospital were opened for inspection, and they may be considered quite justly the finest of their kind in any gynecological setting of equal size.

The shift in areas of patient care was clearly brought out by Dr. Ulfelder at our March meeting. From 3,000 outpatients ten years ago, there were 9,000 treated in the past year. The greatest increase was in the age group of 18 to 25 years.

We could not function as we do, both within the hospital and in the community, relating to the patients who come in such increasing numbers with so many health problems, without the wisdom and understanding of the Trustees and the hospital staff. For this we are deeply grateful. The continuing loyalty of the Vincent Club and the members of this Board is a source of inspiration and support of which we are most appreciative.

As the complexities and concerns of present-day living increase, we continue to look for opportunities that will contribute to our awareness of human needs. We can hope to do this through Vincent Volunteers, frequent and regular visiting by Board members, and by realizing that in active concern, there is fulfillment.

HELEN C. CROCKER
(MRS. COURTENAY CROCKER)
President, Board of Managers

Report of the Department of Nursing

Nursing Service

One of the most difficult tasks to be faced each year in the preparation of this Annual Report is the sorting out and selection of pertinent information for inclusion. The broad scope of staff activities and accomplishments on the one hand and the weight of recurrent problems on the other make the decisions onerous and the risk of overlook quite real. I would begin then with an acknowledgment of the superb reports for fiscal 1971-72 which have been submitted for each of the nursing services and Departmental committees and ask for forbearance if I fail to do them justice in this summary statement.

During the past year considerable progress has been made in our attempt to reorganize the Department on a *service* as opposed to *building* orientation and to achieve our goal of appropriate decentralization of authority, responsibility, and accountability in the implementation of the Department's goals and standards. More specifically, we can point to:

– the reorganization of the Pediatric, Operating Room, Intensive Care, and Medical-Psychiatric (General Hospital) Nursing Services under the direction of newly appointed Chairmen, qualified by education and experience as specialists in the specific area of practice as well as in nursing administration. The following Chairmen joined our staff during the year: Miss Frances Gardella, Chairman, Medical-Psychiatric Nursing Services–General Hospital (from a similar post at Rhode Island Hospital); Sister Kateri, Chairman, Intensive Care Nursing Service (formerly Director, Department of Nursing, St. Mary's Hospital, Rochester, Minnesota); Miss Agnes Rockett, Chairman, Operating Room Nursing Service (formerly Assistant to Director, Tufts Medical School); and Miss Anne Sheetz, Chairman, Pediatric Nursing Service (from a similar post at Mt. Sinai Hospital, New York).

In each of these services, priority has been given to the establishment of goals and standards of nursing practice through the vehicle of a service-oriented Nursing Practice Committee, whose objectives include the development of appropriate policies, practices, and protocols. We believe the development of a more horizontal structure, as opposed to the building-oriented vertical organization with

much of the authority and decision-making held at the top, will foster more creativity and innovation in patient care and make possible a proper environment for flexibility and fluidity in role, function, and assignment of nursing personnel. During fiscal 1972-73, we hope to test this approach on an interbuilding basis through changes in the nursing organizational structure of the private and semiprivate medical units.

- experimentation with the role and function of the Nurse Clinician and Clinical Supervisor position categories in an attempt to maximize the contribution of clinical expertise in the improvement of the quality of nursing care.
- the reorganization of the Operating Room Nursing Service, with a reallocation of appropriate administrative functions to non-nursing personnel. In 1972-73 a four-member team, consisting of an administrator, a senior surgeon and anesthetist, and the Chairman of the Operating Room Nursing Service will share and coordinate the multifaceted activities in this arena of action. Under the new structure, nursing administration will concern itself primarily with the care of patients and the supervision of nursing personnel.

We have received strong administrative and medical support of our reorganizational moves, and great interest has been expressed in moving ahead with other changes. However, recognizing the imperativeness of careful planning and timing, we have elected to move steadily but cautiously in this direction.

Several institutional moves have been made during the year which have impinged heavily on the nursing service and hence deserve mention in this report. They are as follows:

- In May 1972 the Baker Operating and Recovery Room Service was moved to the Gray and White Building O.R. complex. Concomitantly, the Phillips House 8 Transient O.R. facility closed and the Transient O.R. Service moved to the East Wing of Baker 11.
- In November 1971, the new Gray 3A Recovery Room opened on a part-time basis. The unit was first opened on an eight hour per day basis, Monday through Friday, to handle the overflow from the White 3 Recovery Room, where the patient load had increased with the completion of new operating rooms in the Gray 3 Suite. In May 1972 with the closing of the Baker 11 Suite, the Gray 3A area opened for twenty-four hour service,

seven days a week as the primary-care area for patients requiring intensive postoperative nursing care and sophisticated electronic monitoring. The White Recovery Room was then designated as the routine postanesthesia unit, open sixteen hours per day, Monday through Saturday. The smoothness with which the Operating Room and Recovery Room moves were accomplished is a lasting tribute to the nursing personnel involved.

– In October 1971 the Gray Admitting Laboratory Unit adjacent to the Gray Admitting Office opened. This service permits the completion of all routine diagnostic admission tests before the patient leaves the Admitting Unit, thus cutting down the postadmission trips to the different diagnostic test areas. The initiation of this service was not without pain, but much progress has been made to enhance the comfort and care of the patient and his relatives.

Additional provisions in the interest of patient comfort are in the offing.

– In September 1972 an Electro-Convulsive Therapy Unit opened on the South Wing of Baker 11 under the direction of the Psychiatric Service. This facility has markedly improved the service to the Bulfinch-7 patients and permits intrahospital treatment of other inpatients and patients from the Lindemann Mental Health Center. The nursing coverage is provided by the staff of Bulfinch 7.
– In October 1971 Baker 8 was designated as a general surgical semiprivate unit and the responsibility for its nursing administration was transferred from the Phillips House to the Baker Memorial Nursing Office. During the year the South Wing of Baker 10 was designated as a thoracic surgical unit. The nursing staff on these two units have worked hard to establish and implement qualitative standards of nursing practice.

Attention was called in past reports to a noticeable upswing of interest and expression on the part of our nurses to take a more active role in exploring new dimensions of institutional nursing practice and in defining their appropriate role as deliverers of care in the inpatient and ambulatory settings. There has been a widespread renewal of interest on the part of professional nurses to increase and extend their involvement in health assessment and direct patient care. The regulatory standards of voluntary and public accrediting and licensing bodies now support this emphasis. Written nursing care

plans, patient progress notes and nursing audits have become specific requirements for a nursing service. Despite our sustained efforts during the past few years to establish this approach to nursing care as a Departmental standard, we were found to be grossly deficient in this area by the visiting teams from the Joint Commission on the Accreditation of Hospitals and the Massachusetts Hospital Licensing Authority in August, 1972. The report of this inadequacy has resulted in a concentration of effort in this area. At this writing, we find ourselves well equipped with the tools and instruments necessary to implement the prescribed charge and ready to move with a concerted plan of action. After appropriate administrative and medical clearance, we will reaffirm the Departmental policy which makes nursing assessment, written nursing care plans, patient progress notes and nursing audits a requirement for all nursing services in this institution. Credit must be given at this point to that stalwart nucleus of staff members, who through their involvement in committee efforts and in the initiation of the "primary-nurse" concept in their respective settings, have laid the groundwork for our program in the ensuing year. The presenting challenge facing us is the continued delivery of humanistically-oriented, individualized *care* in consort with our increasing involvement in the expanding *cure* operations as a result of the marvels of medical and technological science.

Considerable attention is currently being given to the accessibility, comprehensiveness, and continuity of health care available to the general public and to increased options for entry into the health care system. The Department has long recognized the importance of the role of the professional nurse in the achievement of this goal. In our several ambulatory-care settings, specially prepared nurse practitioners are functioning in an expanded role as deliverers of health care. During the past year, considerable progress has been made in the establishment of standards and protocols for more independent ambulatory nursing practice and for its evaluation. Our staff is actively involved in the process of health assessment and the delivery of more enlightened and effective care in our ambulatory-care divisions. The appropriate realignment of professional responsibilities among the various health care team members is a major undertaking and one which requires interdisciplinary trust and collaboration. It would appear that the primary role of the nurse in the future will rest in the areas of health promotion, disease prevention, and long-term health care.

The collective effort of the Department's staff through the vehicle of standing and special committees remains commendable and

fruitful. During the past year revised Nursing Policy and Nursing Procedure Manuals have been published. Special tribute is due the newly formed Surveillance Committee, whose weekly rounds of the physical plant represent the ultimate in interdepartmental concern and cooperation. The corrective actions initiated by this Committee have resulted in increased safety and comfort for our clients, visitors and staff.

As stated earlier, it is not possible to enumerate and give credit to the many activities and accomplishments of the staff in a report of this type. The annual report of each service and committee reaffirms the reality of a dynamic and progressive Department, deeply engaged in planning for the future, while addressing themselves to the problems of the day. It remains my privilege to salute and to serve the staff on an individual and collective basis.

Staffing Statistics

The following table shows that during the past year, the number of full-time nursing personnel remained relatively constant in comparison with fiscal 1970-71 figures.

Comparison of Staffing Statistics by Building or Service
October 1971 and October 1972
Full-time Personnel

Building/ Service	Staff Nurses		L.P.N.		Nursing Asst.		Total	
	71	72	71	72	71	72	71	72
Baker	145	154	71	76	30	28	248	258*
Bulfinch	55	60	16	13	30	28	101	101
Burnham	48	53	11	12	3	2	62	67
Clinics**	28	21	0	1	13	15	41	37
Gray ICUs	55	63	4	3	8	7	67	73
Oprating Rms.	51	54	4	4	55	54	110	112
Recovery Rms.	43	45	2	2	7	6	52	53
Phillips House	73	68	16	14	12	12	101	94
Vincent	13	13	12	11	11	9	36	33
White	139	135	58	43	49	45	246	223
TOTAL	650	666	194	179	218	206	1062	1051

*Baker 8 assigned to Baker Memorial Nursing Service

**Includes Bunker Hill Health Center and Logan Airport Medical Station

During the year, 667 new full-time personnel were employed, of which 481 were registered staff nurses, 77 were licensed practical nurses and 104 were nursing assistants. In this same period, a total of 597 full-time personnel terminated their services, of which 369 were registered staff nurses, 94 were licensed practical nurses and 109 were nursing assistants.

The following table gives a comparison of the employment/termination figures for the past three years.

Employment/Termination Statistics for 1970, 1971, 1972 Full-time Personnel

Position Category	Number of Personnel						Percent Turnover Ratio		
	1970		1971		1972				
	Emp	Term	Emp	Term	Emp	Term	1970	1971	1972
Supervisor, Head Nurse, Clinician	18	38	12	29	5	25	25	21	19
Registered Staff Nurse	535	381	444	418	481	369	60	64	55
Licensed Practical Nurse	84	76	111	100	77	94	46	54	52
Nursing & Technical Assistants	271	230	138	111	104	109	113	53	52
All Categories	908	725	705	658	667	597	63	55	50

The slow but rather steady decrease in overall staff turnover is an encouraging phenomenon, but the overall figure tends to obscure a very real problem in specific services. For example, in the past year the turnover ratio for registered staff nurses varied from a low of 24 percent in the Phillips House to a high of 85 percent in the Vincent Nursing Service. The Gray I.C.U.'s and Recovery Rooms had turnover ratios of 71 percent and 62 percent respectively. These latter figures take on real significance in view of the extensive orientation and training needed to prepare the nurse to practice in these intensive-care areas.

We will continue to expand our efforts to meet the learning needs of our staff and to increase the possibilities of job satisfaction in the various sectors of the Department. However, in view of the acceler-

ated pace of activity throughout the institution and our inability to effect any marked improvement in the off-shift and weekend time schedule of staff, we remain vulnerable in the labor market.

Nursing Education

The Staff Education Department, with its complement of ten faculty members, including the Chairman, remains the fulcrum of the Department's teaching effort. It is charged with the responsibility for providing leadership in the organization, implementation and coordination of continuing position-oriented instructional programs for all nursing personnel, including both orientation and continuing education offerings, with the back-up support of unit teachers, nurse clinicians, and unit administrative staff. Despite the steady decrease in the Department's personnel turnover rate in the past five years, the need for continuing position-oriented instructional programs continues to increase for a variety of reasons. Three of these deserve special mention in this report—namely, the constant addition of sophisticated modalities of therapeutic care-taking as a result of medical and technological advances; the lack of competency on the part of the beginning nurse practitioners, who constitute a major portion of our staff, to function in an acute care setting; and, the current thrust in professional, legislative and consumer circles to require evidence of continuing education as one criterion for relicensure for practice in the profession. As we look to the future, we can only anticipate increased demands on our teaching staff if the quantitative and qualitative aspects of the nursing care delivered in this institution are to be maintained.

During the past year:

- a total of 667 newly-employed staff members participated in the required two-week orientation program.
- the total enrollment for registered nurses and licensed practical nurses in a variety of clinical workshops and seminars directed toward a presentation of the newest concepts and approaches to patient care was 720.
- a total of 154 registered nurses attended the two-week basic and advanced cardiac work conferences. (Since 1967, a total of 674 registered nurses have participated in our cardiac teaching programs.)
- 105 registered nurses from intensive and special care units were certified for the intravenous administration of medications.

- 193 registered nurses participated in the teaching sessions emphasizing the elements of the nursing process and the role of the professional nurse in the assessment, planning, implementation and evaluation of patient care.
- the total enrollment in biweekly educational programs offered to expand the knowledge and skill of the nursing assistants was 404.

The above-stated statistics are presented to give some idea of the broad nature and scope of the Department's involvement in teaching programs. They in no way represent the totality of its offerings.

During the year, the Department continued its effort to promote exploration of newer dimensions in health practice in the interest of the general welfare of the consumer and of innovative educational programs to prepare practitioners. In August 1972 the Pediatric Nurse Practitioner Program was transferred from the Massachusetts General Hospital to the Northeastern University School of Continuing Education. With this transfer, two long-awaited goals were accomplished, namely:

- the program, initiated as an inservice education program at the M.G.H., had earned recognition as a respectable offering in the field of continuing education and was now relocated under the aegis of an educational institution with School of Nursing sponsorship and active interest.
- the program was awarded a three-year grant of $489,867 by the Division of Nursing, Bureau of Health Manpower, National Institutes of Health.

Its remaining association with the MGH includes a continued association with the Children's Service and the presence on its Advisory Committee of several physician and nurse staff members. Attention must be called in this report to the considerable glow which this program has shed on the Departments of Nursing and Pediatrics at the MGH. The contributions of its principal devotees–Miss Ruth Farrisey, in the period of its inauguration; Dr. Alfred Yankauer, Miss Priscilla Andrews and Miss Sally Tripp in its development and implementation, were energetic, sustained and fruitful. Their influence upon the American Academy of Pediatrics and the American Nurses' Association was instrumental in effecting the development of the long awaited and much needed national guidelines for interdependent practice. A total of 143 Pediatric Nurse Practitioners

completed this program, 44 of whom were prepared in the past year. During the year, the nursing faculty made significant contributions to the program; to its graduates in an active Alumnae Association; to the New England region by way of outreach consultation, guidance, and support to other communities interested in establishing similar programs; and to the literature. The Department of Nursing takes this opportunity to salute the originators and implementors of this program on a significant "mission accomplished!" For the record, we should note that the program was designated as the heir of an elderly Wisconsinite, who remains unknown to the beneficiary!

The Adult Practitioner Program, conducted separately and differently by the Department of Nursing and the Harvard Continuing Education Unit and reported in the 1970-71 Annual Report, joined forces this year under the medical direction of Drs. Stephen Goldfinger and Anne Baker, and under the nursing direction of Miss Maureen Maguire. It would appear that the union has proven fruitful and that much has been learned on both sides. The course is open to a limited number of nurses already engaged in, or whose employer is willing to engage in, associated practice and patient-care delivery. The physician member of the team must be as willing to participate in learning and teaching as is the nurse candidate, inasmuch as the program's primary objective is the development of an enlightened, coordinated, and collaborative team practice. Currently, the course requirement is 6.5 weeks/5 days per week, and it is offered twice yearly. This course has met the Department's need for special training of adult nurse practitioners in the Clinics and its satellites—Bunker Hill Health Center and the Logan Medical Station. It is heavily weighted, however, in favor of the nurses coming from private—or group—practice settings, since the primary mission of the Harvard Continuing Education Unit is to assist physicians in these settings. We look forward to a continued relationship with our medical colleagues in the continuation and improvement of this unique educational endeavor.

The Nurse Internship Program marked its fourth birthday during the past year. The program continues to attract young, motivated beginning practitioners from a number of baccalaureate programs across the country. The class of 16 who entered the program in June 1972 were graduates of 14 different college and university programs who were interested in developing their knowledge and skill in an acute care setting. Our program has served as a model in many institutions throughout the nation.

The Department continues to be involved in coordinating the

utilization of the inpatient and ambulatory services of the Hospital as learning laboratories by a number of basic and graduate nursing education programs and in offering basic instructional programs for a variety of nursing and related health-care functionaries. Some 551 students were assigned to the clinical units for a variety of learning experiences, including 422 from the two MGH nursing education programs; 98 from basic baccalaureate programs; 28 from an associate degree program; and 3 from master degree programs.

During the past year the Department continued its cooperative relationship with the Dimock Community Health Center to provide a supervised practicum for five students in their Orthopedic Technician program. The Operating Room Nursing Service provided a practicum for Surgical Technician students from the Dimock Center and the Northeast Regional Vocational School. In addition, they conducted a similar career-ladder training program for 10 students recruited from Hospital personnel.

In addition to our intramural involvement in educational programs, mention must be made of the burgeoning requests from extramural sources for consultative and teaching services. Increasing demands are being placed on our staff in response to requests from all over the world for observation visits, for clinical experience in intensive and special care units, and for copies of procedures, protocols, and policies. The initiation of a fee-for-service has not resulted in the anticipated cutback in such requests.

At this time, we would like to express our appreciation to the legion of MGH staff—both intra- and extra-departmental—who have and continue to make our teaching effort viable. Without their interest and support, this report would not be possible!

Nursing Studies

The role and function of the Office of Departmental Studies takes on added breadth and depth with each ensuing year. The adjunctive services of this Office are essential in handling the multivaried reviews which are essential to the ongoing operation of the Department. During the past year, its activities have included:

- increased involvement and surveillance in the areas of budget preparation and expenditure.
- continued development of a computerized Nurse Data File, with some link to the payroll computer program and some extension to include continuing education data.

- development of revised report form for patient and/or personnel accidents and unusual occurrences and the implementation of hospital-wide teaching sessions relative to its use and followup. It is interesting to note that despite the fact that the volume of reports has tripled in the past four years, the underwriter of the Hospital's malpractice insurance coverage elected not to raise the premium on the basis of our remedial program which derives its strength from this Office.
- preparation of a monthly report on staffing statistics which is used as a retroactive and projected guide in analyzing employment trends.
- continued service as a resource in the development of protocols to evaluate equipment and supplies recommended to the Standardization Committee for purchase and use on the units. During the past year, the products tested have run the gamut from IVAC Infusion Flow Controllers to the evaluation of Geriatric Chairs. The contribution of this Office in the area of quality and cost control is significant.
- continued involvement in the collection and tabulation of essential quantitative data of hospital-wide concern; for example, inpatient use of barbiturates and quantitative data on degree of illness of patients in intensive and special-care areas.
- a leadership role in the development of protocols and manuals essential to the ongoing operation of the Department; for example, the revisions of the Department of Nursing Policy Manual, the Patient Care Referral Manual, and the Private Duty Nurse Policy Brochure.

The staff members in this Office make a substantial contribution to this Department and the institution at large. Their industry, loyalty, and output often goes unheralded in the day-to-day operation. For this reason, we would like to take this opportunity to recognize this Office as an essential segment of the substructure which permits us to move ahead in an effective and efficient manner.

Concluding Statement

This report would not be complete without a special tribute to Miss Helen Coghlan who retired on October 1 from the position of Assistant Director of the Operating Room Nursing Service after 44 years of dedicated and committed service to the MGH. Her contribution over the years has been sustained and significant, and her departure will be sadly felt by her many friends and colleagues. We wish her the best of health and happiness in the days ahead.

We would also like to take this opportunity to express our pleasure with the appointment of Dr. Charles Sanders as General Director. We are looking forward to a cooperative and collaborative association in the year ahead.

We remain deeply grateful for the continued support of the administrative officers, the continued cooperation of our many colleagues, and the continued dedication and commitment of the Departmental staff.

MARY E. MACDONALD, R.N.
Director, Department of Nursing

Report of the School of Nursing

Progress toward established goals of implementing curriculum change, the steady emergence of a less fragmented and better utilized Student Personnel Services, reorganization of faculty and the consistent and generous participation of the faculty at a high level in the myriad School functions, special projects, and committee activities continued. It was a year of evaluation and re-evaluation, exploring directions, assessing trends and options in education, nursing, and health care, and setting and reordering priorities in terms of resources, economic constraints, and discouraging forecasts, political and social change, and policies and practices of agencies where student learning experiences are provided.

Task-force groups within the faculty were established to facilitate and enhance their involvement in long-range planning for the School.

While the total number of diploma programs has significantly diminished over the years, they remain the largest single group, representing approximately 47 percent of basic nursing education programs in 1970 according to the National League for Nursing. There are some indications that the numbers of diploma programs closing, or predicting closure, have tapered off. Currently the great majority of diploma programs are approximately three academic years in length. Graduations from diploma programs now comprise 52 percent of total graduations, with the pattern of marked growth in graduations from A.D. programs (now about 27 percent of the total) continuing, according to statistics in *1970-1971 Facts About Nursing*. Though the numbers of graduates from baccalaureate programs (21 percent of total) continues with a slower growth trend, the increase in such graduates in 1970 "was well below those of the prior three years."

Aware that competition for positions had increased due to a variety of factors resulting in fewer budgeted vacancies and more nurses seeking employment the 80 MGH School of Nursing graduates of June 1972 applied earlier than usual for positions and to more than one agency. There was more apprehension expressed about waiting for decisions from their "first choice" agencies, and, therefore, some tendency to accept positions in those agencies that were most encouraging and could give them an early decision. Approximately 55 percent were employed at MGH following graduation.

The annual followup study of recent graduates continued, and the 56 returns from the Class of 1970 indicated that 44 were employed in nursing full time, 7 part time, and 3 were enrolled as full-time students. While the large majority listed their positions as staff

nurses, there were also 2 charge nurses on evening hours; 2 charge night nurses; 4 head nurses; 1 unit teacher; 1 supervising staff nurse (R.N.II); and 3 operating-room nurses. The largest number (12) were employed in intensive-care units of some type. While the statistical results indicated that the graduates were prepared for the responsibilities which they assumed, the generously supplied comments serve as an ongoing source of data for program evaluation and modification.

Enrollment in the School of Nursing continues at a high level, with 346 total enrollment in September 1972, compared with a national average of approximately 125 in all types of basic nursing education programs.

While applications to schools of nursing continue in large numbers despite recent decreases in applications to colleges and universities in general, "nursing has been attracting only a small and declining percentage of high school graduates," according to *Facts About Nursing*. If the national decline from between 6 and 7 percent of girl high school graduates in the 1940's and 1950's to about 4 percent of this group currently making nursing their occupational choice continues, the projections for increasing or maintaining admissions without active recruitment programs are not optimistic, particularly with a decline in the number of high school graduates. Increased recruitment of other than high school girl graduates will continue to be a necessity in the future.

Early in January 1972 the School of Nursing voted to close applications, due to the large number and quality of applications received by that time. Letters were sent to all those applicants who had been appointed but had not yet accepted their appointment, asking them for a commitment. After the class had been appointed, late applicants were given the option of being placed on a waiting list or considered for the class entering in 1973. The Admissions Committee and staff continue to wrestle with the dilemma of establishing fair and sound policies and practices, in light of an early acceptance plan, priorities for waiting lists, holding spaces for late but well-qualified applicants, refining selection criteria and processes, determining the maximum number of applications that can be and need to be processed, and appointments made to ultimately arrive at the maximum size class that can be accepted. Because of waiting lists, withdrawals, interviews, correspondence, preparation for the incoming class, applicants for 1973, and the many inquiries about our School of Nursing, the work of the Admissions Office Staff continues to be heavy and unabated throughout the summer months.

Increasingly greater numbers of college graduates are seeking

admission and are made aware of other programs available to them, and counseled into programs best suited to their backgrounds. The profile of the Freshman Class with 128 women and 5 men indicates that 26 percent are from states other than Massachusetts, and that there are 54 students beyond 18 years of age and a total of 41 with a college background varying from 12 who are college graduates, 2 who are Junior College graduates, and 25 with less than four years of college, representing a total of 40 colleges or universities in 12 states and Canada. Six are married and approximately 90 percent have had work, volunteer, or military service experience related to the health field. There are 5 black students and 2 who are L.P.N.'s. Academic qualifications, as determined by secondary school class rank and College Entrance Examination Board results, are similar to previous years: approximately 51 percent were in the first quintile of the high school graduating class, and the College Entrance Examination Board Verbal mean score was 530 and Mathematics mean score, 524; nine students had scores exceeding 700 and 9 students had scores under 400. The wide range of life experiences and achievements presents many implications for curriculum planning, teaching methods, teacher flexibility and skills, and student personnel services.

A major effort resulted in the complete revision of the School Bulletin for 1973-1975, with particular attention devoted to the description of the School's program and the basic academic skills prerequisite to effective participation in curricular experiences. Selection criteria and policies were once again examined in terms of compliance with Federal and state regulations prohibiting discrimination and the revised "Regulations Governing the Approval of Schools of Professional Nursing and the General Conduct thereof, Commonwealth of Massachusetts."

The application for admission form was revised for simplification and to eliminate some questions considered not suitable or relevant prior to admission.

Recruitment activities continue to be a major function of the Student Personnel Services staff, some faculty "volunteers," and an enthusiastic and well-received corps of students. Open Houses continue to be one of our best sources of recruitment, with over 300 secondary school students, counselors, and parents attending both in the spring and in the fall. The large numbers necessitated repeating the program and making plans for using a larger auditorium for the presentations. About 48 percent of those attending were referred by high school guidance counselors who had received our invitation. On four other occasions a program and reception was planned for

approximately 200 students from high schools requesting an opportunity to visit.

Publicity and public relations matters, and media for advertising were evaluated to reach all potential students for whom our program would have appeal and to aggressively recruit minority group members. The School was represented at the Massachusetts School Counselors' Association Conference, the Health Careers Fair, and the Veterans Administration Job Mart, through cooperative staffing of booths with other members of the Massachusetts Nursing Education Recruitment Organization. The Human Relations Committee of the latter organization sponsored a Nursing Education Information Day in Roxbury/Dorchester to provide information to all minority groups; our staff and students were instrumental in planning and implementing the day's activities. Since the professional nursing organizations in this state are not actively participating or sponsoring nursing education recruitment activities, the result is duplication, ineffectiveness, and unnecessary cost to schools which with limited budgets and resources must engage in recruitment activities not directed toward any specific type of nursing program. Large and well-known schools such as ours are viewed as centers of information and receive many phone calls and letters each day asking for information about a career in nursing, educational opportunities, and available financial aid. Each requires an individualized answer.

During the past year, though an increase in charges to students was not instituted because of the uncertain economy and Federal Wage and Price control measures, students were alerted that rising costs and the need to maintain quality in education and supporting services would most likely necessitate an increase in charges in the near future.

After considering a variety of factors and recommendations, it was voted to increase charges, effective in September 1973, as follows: tuition increases from $550 to $1,000 for each of the first two years and from $400 to $800 for the senior year; a fees increase of $35 per year; and a combined charge for room and board divided into a room charge of $250 per year, with students paying cash for meals. Under this system, the meal ticket plan would be discontinued, and recognizing that this would require quite an adjustment on the part of both students and their parents because of the meal ticket's many conveniences and benefits, students were encouraged to consider the implications and to be prepared for a cash payment system, with the advice, support, and appropriate assistance of our counseling staff. Students through their membership on our Committees for Guidance

and Financial Aid, and through open meetings held to discuss the matter, had various opportunities to raise issues and questions, to participate in seeking solutions, and to make adaptations.

In the last two years, with charges to students remaining at a relatively stable level, approximately 50 percent of the students received financial aid according to need determined by the use of the College Scholarship Service forms. With increased charges effective in September 1973 we anticipate requests for financial aid in larger amounts and from a larger percentage of students, since more will be eligible as a result of increased costs. Projections for the future indicate the need to seek additional sources of financial aid and in larger amounts, but the picture of Government funds for nursing education is somewhat gloomy, or at least fraught with uncertainties. Since the total amount awarded to us by the Federal Government was $47,000 less than that which we had requested for fiscal year July 1972-June 1973, based on determination of student financial need, our plan for awards to students needed to be reviewed, recalculated, and modified, using more heavily the modest scholarship funds of the School and almost depleting one fund. Late notification of Government awards added to an already peak load administratively just prior to the new school year.

Specifically, changes in the Federal Guaranteed Student Loan Program under the Education Amendment of 1972 (PL 92-318) resulted in nationwide problems of such magnitude last July that the implementation of the new legislation was eventually delayed until March 1973.

The changing eligibility requirements, regulations, and forms for various uncoordinated Government-sponsored programs creates confusion among applicants and presents a formidable task for us without the services of a full-time staff to plan, oversee, and administer financial aid programs. In the academic year 1969-70, approximately $70,000 was distributed to students through the Committee on Financial Aid. For the school year beginning in September 1972, the amount awarded approximated $130,000 through the Committee, with an additional $50,000 indirectly accounted for through outside sources. Four Federally funded financial aid programs will be involved, with the nursing loans and scholarships under the Health Professions Student Assistance programs continuing, and with the initiation of two programs under the Department of Health, Education, and Welfare, Office of Education, Bureau of Higher Education, namely, Economic Opportunity Grants and a College Work-Study program. The on-going assistance of

members of the Accounting Department is of inestimable value, and with their assistance the student billing system was changed to a two-term prepayment plan, with bills payable no later than registration day for each term, when financial aid is also distributed to those eligible. The development of a financial aid manual, the mailing of financial aid applications and a descriptive pamphlet of available resources to all incoming Freshmen, and an individual interpretive conference with all potential aid recipients to make them aware of pending expenses prior to summer vacations have all facilitated the functioning of this aspect of the School's services.

The actual amount of financial aid awarded for the 1971-72 school year follows:

AWARD ACTIONS AND FINANCIAL AID STATISTICS
ACADEMIC YEAR 1971-1972

	Freshmen (1974)	Juniors (1973)	Seniors (1972)	Total
Applicants for Assistance	75	50	43	168
Recipients of Assistance	68	46	39	153
% Class Receiving Assistance	50%	44%	46%	47%
Federal Nursing Scholarships	$18,029	$18,687	$13,078	$ 49,785
Federal Nursing Loans	$20,641	$21,141	$15,151	$ 56,933
School of Nursing Scholarships	$11,315	$ 2,400	$ 850	$ 14,565
School of Nursing Loans	$ 0	$ 0	$ 100	$ 100
Grant-In-Aid Distribution	$ 4,500	$ 700	$ 1,100	$ 6,300
Total Assistance Distribution	$54,485	$42,928	$30,279	$127,692
Average Class Assistance	$ 801	$ 933	$ 776	$ 837

	Freshmen (1974)	Juniors (1973)	Seniors (1972)	Total
ASSISTANCE RANGE				
$ 1 - $300	10	4	2	16
$ 301 - $600	17	10	10	37
$ 601 - $900	12	9	14	35
$ 901 - $1200	14	13	4	31
$1201 - $1500	6	8	5	19
$1501 - $1800	7	1	4	12
$1801 - $2100	2	1	0	3

AWARDS WERE MADE TO STUDENTS FROM THE FOLLOWING SOURCES:

	Freshmen (1974)	Juniors (1973)	Seniors (1972)	Total
Mass. Board Higher Ed. (Medical, Dental, Nursing Scholarships)	$2,700	$3,000	$4,500	$10,200
Scholarships from other sources	$10,836	$2,510	$ 300	$13,646
HELP loans	$ 3,500	$5,000	$3,700	$12,200
MGH Alumnae Association*		$ 400	$ 400	$ 800

*The Alumnae Association also presents annually a Scholastic Award of $300.00 to a Senior; and a $500.00 award to a Senior who will continue education full time upon graduation.

The totals represent an increase of approximately $12,000 compared to the previous year and also to the projected awards for 1972-1973.

In September 1972 the Kemper Foundation increased its award by $1,000 to a total now of $3,000; and a bequest of $10,000 was received from the estate of an alumna, Miss Louise Mowbray (Class of 1922) for our Loan Fund.

The development and consolidation of the Student Personnel Services continued with enhanced productivity and accountability for its individual as well as overall services, and significant contributions toward achieving the School's objectives and increased mutual understanding and respect between members of the teaching faculty and the staff of the SPS. Through these efforts, gains were made in assisting students to successfully complete our program, or, if unable to do so, then to seek possible alternatives. The American College Personnel Association's guidelines have been utilized in reviewing and updating our services. Student referrals for matters of personal health have been greatly facilitated with counselors extending their functioning in this area and subsequently evidence of less need for, and more appropriate use of, outside resources. Though psychiatric referrals intermittently present some difficulties, the assistance of Dr. Robert Bragg, Associate Staff Psychiatrist, has been extremely valuable and generously offered, and some promising contacts have been made at the Lindemann Mental Health Center.

While the ongoing problem of insufficient supporting staff inhibits maximum use of the preparation and skills of SPS faculty, priorities were reestablished and functions realigned and reassigned to free counselors of some noncounseling responsibilities and to concentrate these within other existing positions.

In the realm of student life and activities a much more passive attitude prevailed amongst the students compared to the last several years. With a few exceptions it was characterized by nonjoining and nonattendance at group activities or meetings. The Student Organization President called it a "year of do-nothing—a year of evaluation, a year of letting things simmer for things to come." There was, however, active concern for achieving individual goals and considering career and life opportunities, and there were some happy class social functions well attended: the Freshman Class formal dinner dance, held last June, was reminiscent of the 1950's when it disappeared from the student social scene.

While student participation on faculty committees was more benign and less regular, gains continued to be made through this medium in student-faculty understanding, respect, and communication. The Committees on Guidance, Recruitment, and Curriculum were consistently well attended but by a smaller group of students; their conscientiousness and ability have nevertheless been noteworthy.

Student housing underwent a major change in July 1972, when House Officers and Residents were provided "On Call" rooms on the fourth and fifth floors of Walcott House, and the Parkman Street Houses were subsequently torn down. When it was decided that the 30 Blossom Street residence would be demolished at the same time, plans needed to be hastily made to relocate the five men students. Each year has shown a slight increase in our students' preference to live outside the School residences; in 1971-1972 forty-eight students chose to do so, and sixty-five planned to do so for 1972-1973.

Thus out of a different life style of students and out of increasing need for space for other purposes, rooms in Walcott House are now utilized primarily for other than student housing. While the third floor is set aside for nursing students (and the Student Health Clinic), the other five floors provide space for recreation; reception; storage; meetings; classrooms for the School of Nursing, the Chaplains, and the Department of Nursing; offices; and On Call rooms for Operating Room personnel and for the medical groups mentioned above. The changing ecology has several implications for which further planning and followup will take place. Concerns include privacy; adequate recreational space for the various varying groups' interests and needs; increasingly heavy use during the day, and some evenings, of living and recreation rooms for planned functions, meetings, and seminars; disparate "rules and regulations" for the groups who occupy the house; and the feeling of moving out of the mainstream of student life.

Reference to students would not be complete without mentioning the new uniform which was adopted in September 1972. The change was precipitated primarily because the fine cotton black and white checked fabric could no longer be woven; for several years this has been threatening and became a reality, so the change provided time for deliberation by faculty and students of several alternatives. Out of this the decision was made to adopt a black and white checked synthetic drip-dry material fashioned into a one piece dress with attached white collar and cuffs and bib insert. A white tunic-style apron was chosen, also of synthetic fabric; therefore students are now responsible for laundering their uniforms. The change has created much comment, from every conceivable source, ranging from highly favorable, to disbelief, to dislike. The Freshmen handle it with grace, the Seniors have discovered how fond they really are, after all, of the "old" uniform and its distinctive style!

In the realm of faculty organization, staffing patterns, and recruitment, and staff development and evaluation, some of the problems of the past persist, but gains were made in terms of this precious resource. A strong spirit of involvement, participation, and cooperation in achieving and re-examining the School's aims prevails; motivation and positive action to further develop and extend teaching, administrative, counseling, and nursing skills is strong, and self-appraisal and continuing education are ongoing. The administrative staff and several faculty members also serve in a variety of elective or appointed offices in professional or community organizations. The plan for faculty qualifications evaluation was further refined to encourage and support the faculty in these efforts. Some staff-position descriptions were reevaluated, redesigned, and restated to better utilize staff capabilities, improve work methods and flow, lessen fragmentation, foster good communications and support, lessen duplication, and increase accountability and job satisfaction. A statement of staff and faculty employment policies was revised in terms of changes in the school calendar. Systems for maintaining, updating, and filing student records were reviewed and modified to enhance ease and efficiency of those responsible for handling and processing and keeping such records, and for access and availability of pertinent information to those authorized and requiring it. Ongoing evaluation for the formal and informal faculty organization took place to provide for a healthy organization with the necessary and valuable input from all areas of the faculty and without overtaxing, overloading, or short-circuiting the system. Committee-meeting times, both in terms of amount of time and being able to

establish a suitable time for at least a quorum, still present some problems due to faculty and administrative load, commitments from 7:00 A.M. to 9:00 P.M. or later, a faculty assigned to many different agencies. Nevertheless, participation and interest in the many School projects of the year occurred consistently. *Ad hoc* committees contributed much to the attainment of short- and long-term School and faculty goals, and a special note of recognition is due the many busy faculty members who assumed additional duties to make these activities successful and possible for all. Planned orientation of new faculty and faculty development programs encounter some of the same problems with the added dimension of new faculty joining the staff at various times of the year; a wide range of interests and needs for diversified development programs; and lack of staff to manage and conduct such programs. These functions are therefore assumed by the administrative staff and faculty standing or *ad hoc* committees, and with some very commendable results. Notable was the Faculty Workshop on "Being Different and What It Means." The heterogeneity of our students makes this an important concept. The focus was upon gaining an understanding of the "different" student and what it means to be "different"; examining the School's stated expectations required of the individual from the time of admission to graduation; gaining knowledge of the attitudinal and academic inferences that influence a student's success or failure; and insight to possible approaches for providing educational opportunities for the different student to enter the nursing profession. The insights and motivation gained had wide implications for admissions criteria and policies, course descriptions, and School bulletin revisions, curriculum planning, teaching, and counseling. Two official statements of the National League for Nursing, "The Open Curriculum" and "Role, Knowledge, and Ability of the Diploma Program Graduate," were studied. Workshops conducted by and for course chairmen and administrative staff of the School served to examine leadership roles, responsibilities, and interrelationships, to develop deeper understanding of mutual concerns and to review some specific policies and practices to develop plans for new approaches to problems. A First Year Faculty Workshop, held in July, served to promote communication, thereby enabling the faculty to plan for integration of content throughout the first year, and thus to offer the student the best possible academic base for his nursing career. It is encouraging to see the many fine examples of faculty exploring, sharing, and working together beyond the confines of their own academic disciplines to examine curriculum strands correlation and integration more broadly, and to enhance student progression.

Many inquiries and applicants for faculty positions necessitated much interviewing and correspondence, but it is gratifying to have an opportunity to select those who appear to possess not only the academic and experience background but also the level of nursing expertise essential in our program in terms of its objectives and the demanding clinical practice settings utilized.

As in the past, resignations, transfers, and new appointments to the staff occurred from November through the summer, with the greatest number occurring in August/September just prior to the new school year. The effects of unavoidable changes or fluctuations in staff throughout the year are obvious and have been referred to elsewhere.

There were 11 resignations, 1 leave of absence, and 2 transfers to other positions within the School. Reasons for leaving were maternity or family responsibilities; moving from the Boston area; attending graduate school full time; wishing position with less responsibilities; changing career goals from teaching to another phase of nursing. Of the fourteen teachers appointed to fill vacancies, one was returning from a leave of absence; two transferred from one teaching discipline to another; and eight others came to us with teaching and nursing experience gained elsewhere. Other appointments (to fill vacancies) included 1 librarian, 1 assistant librarian, 1 counselor, and 3 secretaries. Upon Mrs. Marjorie Grady's resignation, Mr. Richard Tierney transferred from Coordinator of Student Personnel Services to become Coordinator of Program Development and Educational Resources; his former position was then assumed by Miss Yolanda Mamone, formerly Chairman of Counselors. It is always gratifying to be able to fill some positions from within our own staff. Of the faculty, approximately 50 percent have earned at least a Master's degree; the remainder have a Bachelor's degree, and most of these have credits beyond. No new positions were approved, though requested again. In the meantime, position descriptions were rewritten and priorities reestablished so that we can accomplish our major goals with the resources that we have. We recognize the limitations which are thus presented in terms of job satisfaction, incentives to innovate and to constantly reach for higher standards.

In the area of curriculum, reports of teaching areas and the Curriculum Committee document details of curriculum exploration, revision, concerns, and progress.

Both the Evaluation Committee and Curriculum Committee were actively involved in reexamining, developing, and restating our philosophy of evaluation, the purposes which it serves and methods

which are used. Evaluation tools were reviewed and grading policies and practices reconsidered in light of possible variances in interpretation. Honors and warning policies were revised, and the plan for systematic evaluation of the total program furthered. Curriculum revisions were implemented smoothly for the most part. Shortened second-year terms present some limitations, however, by lessening the time available for planning experiences necessary to achieve course objectives when a student is absent, and increasing stress somewhat due to pressure to achieve in shorter time spans. The availability of clinical learning experiences to support and achieve our curriculum goals within the limits of our faculty staffing and load continues to be a concern. Ongoing, mutual planning with others to reduce overcrowding of clinical areas, conflict of interests, and the hardships created for all when there are overlapping learners functioning at different levels of competence with assorted objectives, required major attention. Possible alternatives to certain clinical experiences are being explored, particularly in the area of Maternity Nursing where the drop in birthrate has made it virtually impossible for all schools of nursing in the area to obtain adequate clinical experience, and the disproportionate numbers of students compared to patients at the Boston City Hospital makes it highly unlikely that we shall be able to utilize that facility next year. Plans were projected for developing a teaching-learning laboratory, simulating some clinical experiences, for care of the patient in surgery since teaching space in the Operating Room is at a premium and planned around the availability of an unscheduled room. Such a laboratory could serve for other courses as well where additional opportunities are needed to develop skills necessary for patient care.

Due to alterations in clinical experience patterns and lessened experience in the first term, it seemed that first-year students manifested lack of confidence and basic skills well into the summer, with less ability in patient teaching and delayed adaptation to their team role; however, the first-year objectives were met, partly because of increased experience in summer months when other students were not assigned to the units. The facilities of the Massachusetts Rehabilitation Hospital were explored and tentative plans made to utilize that agency for some basic first-level experience next year.

Though all courses undertook some revisions and course outlines were updated, the status of the Prolonged Program warrants special mention. As the school year progressed, there was growing evidence that the students who entered this program in September 1971 would not be able to achieve the curriculum goals at the pace

originally planned and within the limits of the curriculum design. Although the number of courses the students were enrolled in was less, the length of time to complete these courses remained the same. In some instances difficulties were encountered by students in utilizing unscheduled time for additional study, and in utilizing tutoring assistance. It became increasingly apparent that teaching methods would need further modification, time boundaries of courses would need more flexibility and extension over longer periods of time, and that some participation in nursing course experience at an earlier time would be motivating and offer an experience in application of theory to practice and integration of nursing to science theoretical concepts.

A modified plan was developed for implementation in September 1972 and submitted to the State Board of Registration in Nursing for approval. The plan in general allows the student to engage in learning experiences, some specially designed, in all first-year courses, but the pacing and spread differs from the standard program to allow up to two years to meet the first-level objectives. The supportive tutoring and classes to enhance reading and writing skills will continue.

Many inquiries continue to be received from graduates of schools of nursing in other countries, wishing to enroll in our Psychiatric Nursing course in particular, in order to become eligible to take professional nurse licensure examinations in this state. Such applicants can only be accommodated when our courses are not fully enrolled with our own students. This year two graduate nurses, one from South Africa and another from Jamaica, were enrolled with a waiting list representing nurses from Australia, Haiti, France, and the British Isles. Thus far six have been enrolled over a period of five years. It is good to have opportunities such as this to share with others and to learn from each other. Experiences such as this make us all the more mindful of how fortunate we are to have the fine facilities and physical and human resources that we do, and for the assistance of the Administration and so many Departments of this Hospital as well as Cooperating Agencies in achieving the goals of the School and extending its benefits as widely as possible.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING

September 30, 1971

Full-time Faculty	58
Nurses	51
Non-nurses	7
Part-time Faculty	3
Nurses	2
Non-nurses	1
Nursing Students (MGH)	
Freshmen	137
Juniors	105
Seniors	85
Total	327

Report of the Social Service Department

The central theme of this year for the Social Service Department, as for the Hospital as a whole, has been the major effects of changing government policies. Our society would be irresponsible to fail to be concerned about our inflationary economy, and inflation is most prominent in personal service industries. Health care is a good example. All groups concerned with providing or funding health care have been attempting to find a solution. From the vantage point of a hospital employee attempting to provide a high level of health care for all our patients, one almost begins to feel paranoid as each bureaucracy attempts to do its job and issues new regulations or restrictions. Inevitably in our democracy the various levels of government are not always consistent, and all too often contradictory regulations are promulgated.

This tightening of our economic belt is overlayed on some basic attitudes in our country which lead to particular problems for our department. As a society we all too often devalue and distrust the poor. We are great believers in the "rags to riches" theme, and firmly entrenched in our being is the assumption that hard work and effort will lead to a middle-class life for all. We value youth, health, and activity. We don't like to admit it, but we find it hard to tolerate the needy, crippled, chronically ill, or elderly. When we tighten our economic belt these are the groups who suffer the greatest penalties. Too readily society assumes these groups will somehow manage to cheat the system. In regard to health, the suspicion is that they will try to stay too long in hospitals, make unnecessary visits to doctors, misuse medications, obtain an unnecessary prosthesis, or demand too high a level of continuing care following posthospitalization. In recent years there seems to be an assumption that the health care professionals will collaborate with these patients in their attempt to cheat the system, and each month or so some governmental group or third-party payer tightens one set of regulations or another.

The Social Service Department is often the representative of these patients in attempting to arrange for the health care needed. This involves finding both the appropriate care needed and a method to pay for it. The most prominent role of the social worker in the hospital is as the patients' advocate, and as such we often spend many costly hours on the telephone convincing some third-party payer or outside vendor of a health care service that the staff of the

Massachusetts General Hospital has appropriately assessed and planned for the patient, that our staff's assessment will stand up to the scrutiny of third-party payers, and in the end payment will be made and the dread phrase "retroactive disallowment" will not prevail.

An illustration, perhaps, will assist in clarifying. If a patient with financial means and a responsible family requires a period of care in another facility for rehabilitative or terminal care, a prosthesis, transportation to and from the hospital, expensive medications, or any other aid to help him recover or make him more comfortable, a telephone call and some brief sympathetic planning solves the problem. If the patient is dependent on Medicare and/or Medicaid benefits, the physician must certify to the needs of the patient. Only under certain very specific conditions can Medicare benefits prevail and then for very limited periods of time. Medicaid benefits often are withheld until time-consuming "prior approval" is obtained. Vendors are frequently unwilling, even then, to accept the Medicaid patient or the Medicare patient who will probably require Medicaid benefits on the expiration of Medicare because he has experienced "retroactive denial" or is currently owed large amounts of money because Medicaid payments are seriously in arrears. As a result we may spend countless hours in the search for a solution, and the patient may remain several days longer than necessary in the acute hospital; or the patient in an outside facility may be refused the cost of an ambulance for a consultation with a specialist, thus causing a breakdown in care; or a pharmacist may refuse to honor a prescription because other bills have not been paid. The attempt to unsnarl these problems for individual patients is the most time consuming and costly part of social service activities. During the calendar year 1972, social service successfully planned posthospital care for a total of 3,180 patients. Though this number only accounts for 22 percent of the total number of patients served (14,457), these services account for approximately 40-50 percent of the time of the department.

The same constrictions that we have experienced have continued to be felt by other agencies to which we routinely refer. We referred last year to cutbacks in services in Child Welfare agencies causing us to assume the role of the child protection agency in child abuse cases. This trend continues and is accelerated and is not limited to instances of child abuse. All community-based supportive services are restricting themselves, as they have cuts in staff resulting from budgetary limitations. Thus when a physician recommends any

aspect of social service help, we either spend many more hours locating the service in the community or do it ourselves.

Finally the striking increase in the number of patients served (2,045 more than last year) is explained by the fact that patients articulate their wishes more explicitly and demand services of the hospital not traditionally provided. Perhaps the most striking example of this is the ever-increasing number of women (aged 13 up) who come to us with the request for a therapeutic abortion. As our societal mores change our programs of care will shift, and our department will probably continue to be "the middle man" caught to some extent between the external changes and the sometimes healthy resistance of an institution to adapt to these changes.

As the concern for health-care costs has appropriately become a critical issue, the costs of our department have been increasingly scrutinized. We have instituted some studies of costs and benefits. Such evaluations are exceedingly difficult because we work for the most part with the chronically crippled (physically and emotionally) and our goals frequently are limited to ones of management of a chronic problem. Our tools are often support of the patient and family through crises and intervention into the environmental circumstances to make life more livable or to obtain the necessaries. Measurement of success is thus difficult. The closest parallel is the physician's treatment of a chronic illness for which no cure is available. We have provided more services to more patients with no increases in staff over the past two years. We have experimented with other methods of obtaining services for our patients. For instance, we have experimented with contracting with a "mini-shuttle" for transportation of patients. Partly this was motivated because patients living in certain areas of the city could not find taxi drivers willing to transport them and partly because of the increased cost of taxis each year. The cost had been increasing by approximately 10 percent each year. This experiment has resulted in a *decrease* of approximately 6 percent instead of another 10 percent increase for a saving of about $10,000. The major saving of this experiment has been to the Department of Public Welfare which pays 90 percent of this cost. Patients are transported in groups, and this has caused some inconveniences, but on the whole the experiment has been successful.

This year $99,446.89 were expended in direct aid to patients, a considerable reduction from the preceding year. This in part reflects the savings in transportation cost and in part the scarcity of funds available from charitable sources for aid of patients. Public Welfare reimbursed $43,537. The Edward V. Bird Trust provided $25,764,

and special funds of the Social Service Department or charitable funds generously donated to the hospital for these purposes accounted for $30,165. We are grateful for the help given our patients by the following hospital and community groups:

American Cancer Society (Massachusetts Division)
Edward V. Bird Trust
Dorothy Boardman Fund
Boston Rotary Club
Boston Safe Deposit and Trust Company
John W. Boynton Trust
Estate of Lotta M. Crabtree
Fragment Society
Ladies Visiting Committee of the Hospital
Lend-A-Hand Society
Mr. and Mrs. Charles E. Merrill
United Community Services
I.V. Nurses of the Hospital

Again this year the department has participated in the training of 20 students from Smith, Simmons, and Boston College Schools of Social Work. In addition, for the first time two students were placed with us from Middlesex County Community College. These are students in training for the A.A. degree and represent an experiment in training social work assistants.

It has been a pleasure to begin to work with the hospital's newly appointed General Director during the early months of his tenure. Dr. Charles A. Sanders has indicated that the continued development of community-based medical care will remain a high priority for the hospital. Those of us whose concern is for the equal distribution of primary health care endorse this priority wholeheartedly. Many of the problems highlighted in this annual report are greatly diminished or solved when care is delivered in the community by a health-care team which is close at hand and knows the family well.

ELEANOR CLARK
Director of Social Service

Report of the Bunker Hill Health Center

As The Bunker Hill Health Center completes its fourth year of operation in Charlestown, the breadth and scope of services has been increased. Equally important, it has been able to assure comprehensive and family-oriented ambulatory health care at the point of actual delivery to the inner-city neighborhood of Charlestown.

On the organizational level, we have sought to merge private initiative with public accountability and maintain a concern with all of the mechanisms through which services are produced, financed, regulated, and planned, as well as delivered. It is particularly through the service system that we are becoming alert to the more subtle dimensions of the health-care complex which are concerned with making the population aware of the elements of good health care so that when it is available they will choose to use it wisely and effectively. Our efforts to monitor and evaluate our services have thus far been focused on inputs of function, time, and costs. Such studies highlight such relevant issues as cost-effectiveness, reallocation of manpower resources, etc.

By earning the trust and confidence of the residents as well as the personnel of the agencies and institutions bearing on the health of the child and his family, the Health Center staff has been able to engage them in cooperative programs and coordinated services. This dialogue and consultation service has permitted the establishment of secondary prevention services aimed at early identification and more prompt treatment, as well as some primary preventive programs aimed at health promotion. These interdisciplinary efforts, together with our ongoing services in disability limitation and rehabilitation (tertiary prevention), get us closer to the goal of providing a full spectrum of health services and effecting changes in the human condition which impinge on the quality of life.

The Health Center has continued to strive to meet the present health needs of Charlestown while adapting to the styles and manner of life molded by the rich history and cultural heritage of the people. This process will increasingly define the Center as playing an integral part in the changes that are surely affecting the the quality of life of the neighborhood. As the institutions and residents of the neighborhood assist in weaving a partnership for health, and as the Health Center becomes a more meaningful part of the fabric of this community, we shall be called upon to participate even more fully in

the dynamics of its life.

Patient Care Services

The community mental health services offer a broad spectrum of direct therapeutic assistance to children, adults, and families. Mental health consultation is provided to the schools, the Headstart program, and other neighborhood institutions. This past year the service initiated a learning disabilities screening program, a drop-in medication group for posthospital patients, and a community based day-care program for posthospitalized chronic patients.

The dental service continued to progress and strengthen its positive image in the community. Four more operatories have been added to allow for increased services and the incorporation of dentistry as an integral component of each health team. Preventive and educational efforts directed toward a regional fluoridation program as well as presentations to school children were accomplished.

The adult medical service has begun to work more closely with the schools and to increase continuity of care with the Massachusetts General Hospital. Nurse practitioners are participating more fully in the delivery of medical services. Plans are underway to extend services more into the home by providing a home health visitor.

Nurse practitioner services as well as school health programs have been in focus this past year for the nursing service. The nursing protocol book was revised and updated to reflect present nursing procedures and techniques. Community education programs and coordination of services with other agencies continue to be developed.

During the past year the services and programs of the nutrition department continued to expand. Family-centered counseling and weight control groups have grown in number for both children and adults. Community activities include a school health education program, headstart, school lunch program, surplus food program, consumer programs, and programs at the community activity center.

The past year has brought with it an increase in the total number of pediatric patient visits and an increase in visits to the pediatric nurse practitioners. The staff of the pediatric service continues its teaching commitment to the Pediatric Nurse Practitioner course, a postgraduate course in pediatrics at MGH, as well as to Harvard medical students.

The social services have continued to stress group work and casework treatments. Coordination of services with the Welfare

Department and the Division of Child Guardianship has been effectively maintained. As a joint effort of the Massachusetts General Hospital Social Service Department, the Health Center Task Force, and the Junior League of Boston, the Charlestown Activity Center became a reality and is now a lively social center available to all adults.

Organizational Interaction

The coordination of all the services provided by the Health Center with other health education and welfare programs has continued to be of paramount importance. The interorganizational relationships that have been established thus far include:

a) The Boston and Archdiocesan School Departments
b) City of Boston, Department of Health and Hospitals
c) Massachusetts Department of Public Welfare and Division of Child Guardianship
d) John F. Kennedy Family Service Center, Inc.
e) Harvard Medical School
f) Harvard School of Dental Medicine
g) Harvard Center for Community Health and Medical Care
h) Easter Seal Society for Crippled Children and Adults of Massachusetts
i) Boys' and Girls' Clubs of Boston, Inc.
j) The Junior League of Boston, Inc.
k) Charlestown District Court
l) City of Boston Police Department, Station 15
m) Erich Lindemann Mental Health Center
n) Massachusetts Department of Public Health
o) Forsyth School of Dental Medicine

The arrangements with the City of Boston, Department of Health and Hospitals, the Division of Child Guardianship, the Easter Seal Society, and the Lindemann Mental Health Center has resulted in their personnel being assigned at the Health Center with appropriate staff appointments and under the administrative responsibility of a service at the Health Center. Such a process allows for better and more efficient coordination and continuity of patient care and unduplicated record keeping. In addition, such agreements strengthen the unique professional expertise of each agency without invalidating organizational identity. The Health Center is currently pursuing negotiations with the Massachusetts Department of Public

Welfare to guarantee similar administrative and service relationships.

Community Relations and Community Education

Participation by the staff in the fabric of community life continues to be a vital dimension in the complex role the Health Center plays in Charlestown. The various levels of involvement are reflected by staff interaction with community organizations, staff participation in the design and operation of community services and activities identified by the residents as needed to improve the quality of life, and the coordination of multiple interests in the birth of new agencies and services for the neighborhood such as the Community Activity Center sponsored by the Junior League of Boston, Inc.

Educational Services

The Educational Services, with the active collaboration of the Harvard Center for Community Health and Medical Care has continued its investigations on various dimensions of the health care system. Some of the studies that have been completed during the past year include:

a) the effect of a neighborhood health center on hospital emergency room use
b) the effect of self-directed verbal commands on arithmetic performance and activity level of urban hyperactive children
c) an organizational diagnosis: The Bunker Hill Health Center
d) management control systems in health care: an experiment
e) effects of manpower utilization on cost and productivity of a neighborhood health center
f) comprehensive health services for children: an exploratory study of benefit
g) costs and financing policies at a neighborhood health center

Teaching

The wide range of teaching programs at the Bunker Hill Health Center are outlined below:

1. Harvard Medical School
   HMS I: Behavioral Science Seminars
   HMS II: 1) Introduction to Clinics
   2) Social Medicine Tutorial biweekly seminar on community health centers
   HMS III: 1) Clinical Electives—Medicine
   —Pediatrics

HMS IV: 1) Electives in Clinical Medicine and Clinical Pediatrics
2) Elective in epidemiology of mental health

2. Harvard School of Public Health
   a) Case studies and lectures in the Department of Health Services Administration and Department of Maternal and Child Health
3. Harvard School of Dental Medicine
   a) Each senior student rotates for one month
   b) Summer externships—one student full time for ten weeks
   c) Lectures on neighborhood health centers
4. Massachusetts General Hospital Training Programs
   a) Nutrition: All dietetic interns (27) rotate to Bunker Hill
   b) Social Services: Community mental health training program for social workers—full time for one year
   c) Nursing:
      1) Public Health nursing rotation for each senior student
   d) Physician Residency Training Programs
      1) Medicine: electives for special studies

JOHN P. CONNELLY, M.D.
Executive Director

Report of the Medical Station at Logan Airport

The Medical Station, like the rest of the hospital, has entered the era of evaluation. Evaluation takes many forms but is directed toward improved patient care. The physician is faced with the need for periodic self-assessment which will soon culminate in periodic examinations for relicensure and also recertification as a specialist (if he has bothered to become one). Nursing is undergoing similar agonizing reappraisal of performance.

The nurse audit has appeared and relates to a type of peer review of nursing assessment patient notes. A peer, the dictionary relates, is one of the same rank, quality, endowments, or character. The nursing audit began to crystallize in detail during the past year. Such an audit is of particular importance to the nurse clinician who practices at an out-of-hospital site. The nurse clinician must not only be able to evaluate the patient with a primary undifferentiated problem, but must be able to collect an appropriate data base for the proper management disposition. This means that the pertinent history must be carefully elicited and that an appropriate physical examination of the patient must be performed. Selected laboratory tests at the Medical Station including an electrocardiogram, an audiometric examination, a urinalysis, the collection of blood for a profile measurement, or a test for the determination of blood loss come under the scope of her responsibilities. Thus, having collected an adequate data base and applying proper criteria, a reasonable problem definition can result. At this time appropriate management can begin.

Much staff activity is occupied with individual and group discussions regarding the modes of evaluation of professional performance.

As a consequence of the marked decrease in immunizations given to world travelers, our nurse clinicians were able to focus their skills more and more on the care of the sick. Two nurse clinicians at different times attended the special educational course sponsored by the Department of Nursing and were able to increase their ability to define patient problems. Many of the principles they learned have already been adopted by the remaining nurse clinicians here.

The entire year was spent perfecting the application of the problem-oriented medical record here and adapting it to the ambulatory patient. Simultaneously our clinical research continued with visual orientation of this record with the further delineation of the

PROVE (Problem-Oriented Visually Enriched) medical record. Pictorial input reduces the time required by the clinician to describe many of the patient's physical findings such as the exact extent of the trauma or of the particular rash. It also introduces descriptive uniformity which facilitates evaluation. A new format for the medical record file folder was gradually evolved to further improve the problem-oriented record format. Several methods to collect a more complete patient data base have also been used and compared. Early next year the one found to be most satisfactory will become standard for a 12-month period of use and careful evaluation. A social profile and a standardized data flow sheet are now part of this new medical record.

The Medical Station is part of the airport community. This community has many environmental aspects, one of which is noise. The growing concern about noise pollution culminated in another research project which was given independent grant funds by the Massachusetts Port Authority. Identified as Project Hear, this activity has service and scientific components. The objective is to determine whether any hearing impairment in children can be attributed to community noise from aircraft. A successful pilot study during the spring permitted pure tone audiometric examination of over 700 children from the para-airport community. During the summer and early fall a new acoustical room was constructed here to simplify the audiometric examinations of children prior to the full-scale effort. A preprogrammed standardized otorhinologic examination of certain children is part of this project.

Another research activity for which funds were secured in the fall relates to the use of telemedicine in identifying and treating children with learning disabilities in the Marblehead schools using the Medical Station as the prototype site.

The growing public concern in aircraft safety during the year led to the standby involvement of the Medical Station in two simulated rescue emergency training episodes. Related to this, an aircraft radio has been installed here which permits continuous monitoring of all radio communications between the FAA Control Tower immediately above the Medical Station, and all aircraft at Logan. In addition, ground vehicle radio monitoring is carried out, and we now can be immediately alert to any accident as it happens.

Studies with our telemedicine circuitry increase as new applications of interactive television (IATV) in medicine are developed here. Telesis is one of these. On a regular basis small groups of professionals from various disciplines including medicine meet simul-

taneously at the Medical Station and hospital telecenters, and having defined an exact methodology of the problem solving technique via our interactive telemedicine circuitry, are able to respond to health agency requests from our neighborhood communities. The technique of copresence confrontation problem solving has already been rather well worked out by others. The methodology involves following an agreed upon simple set of rules, the most important of which is to practice deferred judgment. By avoidance of instant criticism in the evaluation of ideas or suggestions presented as possible solutions, it has been relatively easy to adapt the procedure of problem solving to IATV. This is an exciting accomplishment, and also reconfirms the basic observation that distance does not endanger a full information exchange using bidirectional television. The name *telesis* has been applied to this type of problem solving. By definition, telesis is the attainment of desired ends by the application of intelligent human effort to the means or progress intelligently planned and directed. Telesis, it is predicted, will play an important role within the hospital and in health care planning in the future.

Telemedicine also plays an expanding role in the community of interest surrounding the Medical Station. Various youth activities groups sponsor street workers whose primary function is to aid youth in trouble. Such workers or counselors frequently need a more experienced resource than their own organization can provide. One response has been the provision of telecounseling to workers who regularly come to the Medical Station from the Massachusetts Youth Activities Commission. Another ongoing teledialogue is maintained with the professional staff of the East Boston Social Centers. The Chelsea Municipal Court now regularly refers youngsters to the Medical Station for telepsychiatry evaluation to help guide appropriate management of drug abusers.

Finally, arrangements with the Boston School Department were completed and a tele-education course for full inservice credit entitled "Counseling the Adolescent" was initiated using the Medical Station as model site.

All of the above studies are possible through the generous telecounsel grant, previously presented, of the Massachusetts Port Authority.

Starting in September, using the telemedicine mobile console in the hospital, Medical Grand Rounds and Psychiatric Grand Rounds were transmitted weekly to the Medical Station using the confidential microwave circuitry. In addition, certain teleconsultation teaching transactions carried out at the Bedford Veterans Administration

Hospital are simultaneously transmitted to the Medical Station. These activities will continue.

KENNETH T. BIRD, M.D.
Director

Report of the Dietary Department

Some of the most visible achievements this year have been in clinical areas where intradepartmental activities have been expanded. Continued participation at rounds has added significantly to the working relations with the service team in providing nutritional care to the patient. Numerous contributions in special emphases have afforded new dimensions to the dietitians' service and teaching responsibilities. Outreach has included emphasis on dietary assessment and recommendations for continuity of the care of patients referred to other community agencies; interesting progress with group instruction in the Baker Memorial; a rewarding liaison with the Transfer Office in the evaluation of extended care facilities and nursing homes; continuity in procedures and record-keeping for study patients on elemental formula diets at the MGH and the Shriners Burns Institute; the development of guidelines to be used in the dietary care of patients with myocardial infarction; and the circulation of the MGH Diet Manual. Demand for the 1971 edition (issued in December) has included mailings to all parts of the U.S.A. and many foreign countries. Few additions must be incorporated in the 1972 printing.

There is evidence of positive progress through committee activity as the staff has directed its attention to continuing higher standards of dietary care. Many patterns have been studied and revised to afford better training programs and to provide closer supervision of the nonprofessional personnel. The curriculum for dietetic interns has been modified to meet The American Dietetic Association's criteria for educational objectives.

We continue to enrich the internship program. This year we were able to offer these 27 postgraduate students additional assignments with the Transfer Office, an observation with the School Lunch Program, and involvement in the New England Dairy Council's "Big Ideas"—a nutrition education program for the elementary grades. They have participated in administrative decisions also, as we have evaluated the heavy duty equipment necessary to replace steamers and ranges in the main kitchens, refrigerators in the floor pantries, and supportive materials for staff functions. The latter activity has incorporated several permanent programs this year; i.e., recreation therapists have sponsored weekly buffets and cookouts for the patients on Rehabilitation and Psychiatry.

One of the most satisfying works of the year has been planning and preparing for the future food service on Gray 7. As we envision this new service for approximately 250 patients, we recognize the changing expectations of both patients and personnel. It seems expedient that we examine our records and plan for the future of the total Dietary Department. The Gray 7 kitchen may well serve as a model for other needed satellite units to centralize tray assembly and put the "finishing off" preparation closer to the point of service.

Renewal of food service systems is a Herculean task. With every new facility, space becomes more crucial. In the past 20 years the patient meal count has increased 37 percent. The cafeteria census was 1,437,325 in 1972.

Food costs have skyrocketed 124 percent. This year, for the first time, to insure the necessary quality and quantity of commodities, we are presently storing canned fruits, vegetables, juices, and other short-in-supply items in the hospital warehouse in Cambridge.

Accomplishments this year are dwarfed in comparison with the tasks that lie ahead as we move toward ever-increasing efficiency and effectiveness; revitalizing the old, incorporating the new, and striving to maintain our tradition of individualized service and care.

LOUISE HATCH, R.D.
Director, Dietary Department
and Dietetic Internship

Report of the Treadwell Library

Four important events occurred in what, otherwise, has been a routine and very busy year for the staff of the Treadwell Library.

First, the Librarian spent the month of October, 1971, as Assistant Librarian of the Bibliothèque de la Faculté de Médecine, Hôpital Cantonal Universitaire, Lausanne, Switzerland—a library which was only three years old at that time and which is to be moved into a new hospital building now under construction. When completed the hospital will be comparable in size to the Massachusetts General Hospital, and that was one of the reasons for the survey and consultation at this early stage in the Bibliothèque's development. The Treadwell Library and the Bibliothèque de la Faculté de Médecine are continuing to cooperate under the auspices of the Committee on International Cooperation of the Medical Library Assocation. This gives official endorsement to a relationship which began in the spring of 1969.

Second, Mrs. Arabella Russ, Medical Librarian of the John F. Kennedy Medical Center in Monrovia, Liberia, spent three weeks from January 5-27, 1972, observing and working in the Treadwell Library as a foreign fellow of the United States Public Health Service. Although Mrs. Russ' experience had been as librarian in the Nursing School, she was returning to Africa to be Librarian of the combined medical and nursing library in this new medical center. Her stay proved to be rewarding for all of us.

Third, during the spring and with the excellent assistance of Mr. Richard G. Burton, 2,137 volumes of the Original Treadwell Collection were identified, wrapped, and packed for "transfer to the Francis A. Countway Library of Medicine on temporary indefinite loan" to quote from the written agreement between the Board of Trustees of the Massachusetts General Hospital and the Francis A. Countway Library of Medicine, Harvard Medical School.

Fourth, the Treadwell Library was chosen as one of the four MEDLINE Search Centers in the Boston area and the Librarian attended the three-week training course held at the National Library of Medicine in Bethesda, Maryland, from August 21-Sept. 8, 1972.

During the year 1,315 bound periodical volumes and 574 monographs were added to the collection. Thirty-four publications were withdrawn, making a total of 39,518 bound volumes now owned by the Library. A total of 824 current serials, including annuals which

are cataloged, are received. A total of 6,243 publications were borrowed by hospital employees while 1,838 items were loaned to other libraries. The Treadwell Library borrowed 1,626 items from other libraries. The increase in the number of items loaned to other libraries is the result of our now considering publications loaned, or photocopies sent in lieu of them, to such institutions as the Retina Foundation, the Boston Biomedical Research Institute, the Erich Lindemann Mental Health Center, the Massachusetts Eye and Ear Infirmary, the Massachusetts Rehabilitation Hospital, the Bunker Hill Health Center, etc. as interlibrary loans. Approximately 34,008 reader visits were recorded during the day and evening. The Library gave away some 4,000 items through the Medical Library Association Exchange, the United States Book Exchange, or directly to MGH personnel, libraries, or departments. The photocopying done in the Library amounted to 159,068 pages—an average of 3,059 per week—enough to keep one full-time and one part-time person busy. It would seem that readers are still not being very selective about what they have copied or have not tried to obtain free reprints of recently published articles from their authors. One wonders where all these copies are being stored once they have been read.

To avoid repetition of unresolved problems, I refer you to pages 188-189 of the 158th Annual Report of the hospital. The situation in regard to many of these problems remains much the same as last year.

Meetings attended by the Librarian included:

1. A joint luncheon and afternoon meeting on January 12, 1972, of the American Society of Information Scientists and the Boston Chapter of the Special Libraries Association on the use of microforms in libraries, accompanied by Mrs. John C. Long and Mrs. Arabella Russ.
2. The Joint Committee on Hospital Library Service (CNLA) as representative of the Special Libraries Association at the Palmer House in Chicago, January 27, 1972.
3. The Seminar for potential users of MEDLINE conducted by Mr. William Caldwell of the National Library of Medicine and held at the Countway Library accompanied by Mrs. John C. Long on January 28, 1972.
4. The planning meetings of the Continuing Education Committee of the Medical Library Association at the Countway Library in Boston on February 7-8 and May 11, 1972.
5. Meetings of the Librarians from the Countway, Tufts University

Medical and Dental, Boston University Medical, and Treadwell Libraries to plan for the MEDLINE Search Centers on March 7 and 14, 1972.

6. The annual meeting of the Special Libraries Association, Boston, Mass., June 4-8, 1972.
7. The Medical Library Association annual meeting at Del Coronado, California, June 10-16, 1972.

Orientation sessions were held for new instructors in the Nursing School, students and new members in the Social Service Department, and the new Dietary Interns.

In addition to the Bibliothèque de la Faculté de Médecine, the Librarian visited the following libraries during the year: Universitatsspital-Bibliothek, Zurich, Switzerland (one of the best hospital libraries I have ever seen), Boston University School of Medicine, New England Deaconess Hospital, and the University of California Biomedical Library at La Jolla, California.

Visitors to the Treadwell Library included Mrs. Arabella Russ, Monrovia, Liberia; Dr. Gordon Nicholson, Auckland Hospital, Auckland, New Zealand; Mr. Mats Åstrom, Stockholm, Sweden; Dr. G. DeCrousaz, Lausanne, Switzerland; Dr. Emil Gautier, Lausanne, Switzerland; Mr. A.M. Pathan, Bangalore, India; Sandra Duchow, Royal Victoria Hospital, Montreal, Canada; Benita Trent, McGill University, Montreal; Eileen Bradley, University of Toronto, Toronto, Canada; Sheila Swanson, Academy of Medicine, Toronto, Canada; Winifred Lieber, Roosevelt Hospital, New York City; and Connie Klemp, Dalhousie University Medical School, Halifax, Nova Scotia.

The Library staff has continued to work with a fine spirit of cooperation under difficult conditions for some members, and I wish to express my sincere appreciation to them for this. Mrs. Holli Levy joined the Staff in September, 1972, as photocopier to replace Diane Staffier, who returned to school, and Mrs. Andrew Y. Pao went on Maternity Leave in March. In June Mr. Richard G. Burton became a full-time employee responsible for the serials, gifts and exchange, and Mrs. Janice McAdams Scullin, at the same time, replaced Mrs. Pao at the circulation desk. Mrs. Lilly Wechsler continues as Assistant Librarian and Cataloger; Mrs. John C. Long, as Secretary and in charge of the interlibrary loan service; and clerical help has been provided by John M. Flaherty, Thomas E. Flaherty and Thomas Shepard.

To each member of the Library Committee goes my sincere thanks

for his/her help and advice during the year.

We wish to express our sincere appreciation to each Hospital Department, individual, and other institution for gifts of publications received during the year. Those not needed by the Library are listed on exchange or given to individuals who have expressed a wish to receive them. A few are sold. Those added to the Library's collection carry an acknowledgement to the donor on the bookplate and, in addition, a list of donors is kept on file in the Library.

The statistics for the year follow:

	1971	*1972*
Number of periodical volumes	23,126	24,441
Number of other volumes	14,537	15,111
Total volumes	37,663	39,552
Number of volumes withdrawn	50	34
Total number of volumes in Library	37,613	39,498
Number of pamphlets (Approximate)	2,450	2,500
Number of items borrowed from the National Library of Medicine	183***	273***
Number of pages copied in Treadwell Library	132,288	159,068
Number of items given away	4,032	4,002
Number of periodical titles currently received	792*	824**
Number of bound publications loaned	5,334	5,526
Number of unbound publications loaned	654	717
Total loans	5,988	6,243
Number of items borrowed from other libraries	1,333***	1,626***
Number of items loaned to other libraries	58***	1,838***
Number of persons using the library during the day	26,205	25,252
Number of persons using the library during evening	7,605	8,757
Total number using the library	33,811	34,009

*Includes 607 purchased, 75 gifts, and 110 annuals.
**Includes 736 purchased, 88 gifts, and 127 annuals.
***Includes photocopies received and sent in lieu of orginal publications.

GENEVIEVE COLE
Librarian

Report of the Volunteer Department

Before turning to the details of this report I wish to express my personal feelings for two long-time friends of the department. Nathaniel W. Faxon, M.D., Director Emeritus of MGH who died June 9, 1972, and Chester M. Jones, M.D., internationally famed gastroenterologist who died the following month, July 26, 1972. Throughout his book, *The History of the MGH from 1935-1955*, Dr. Faxon paid special tribute to the contribution of MGH volunteer groups and individuals, explaining in depth the formation of their services. Dr. Jones was the chairman of the Trustees' Advisory Committee to the Volunteer Department from 1958-1969. His able leadership and fine understanding of the role of the volunteer were of inestimable value. Both of these gentlemen were inspiring advisors to all of us and they will be greatly missed.

Our sincere thanks and appreciation to Dr. John D. Stoeckle, outgoing chairman of the Trustees' Advisory Committee to the Volunteer Department, who succeeded Dr. Jones the past three years. His dedication to patient care and deep understanding of the need for volunteer services has meant a great deal to all of us. Dr. W. Davies Sohier, Jr., will be his successor.

It is a pleasure to record the reality of the long awaited remodeling of the Volunteer Department. Our temporary location is on White 2, and we anticipate occupancy the early part of 1973.

As we plunge deeper into the 70's the entire nation is growing more aware of the significance of volunteerism. Early in his first administration, President Richard M. Nixon created the Cabinet Committee on Volunteer Action headed by George Romney, then the Secretary of Housing and Urban Development. As announced, "The imposing task faced by the Cabinet Committee was to determine how best to develop an instrumentality that could help mobilize and strengthen existing volunteer organizations in a harmonious working relationship with each other and the government. . . . Throughout 1969, all over the country, consultations were held with more than 1,000 private citizens representing 250 voluntary groups. . . . The many consultations produced a clear consensus for the need of The National Center for Voluntary Action which was established in 1970." The Voluntary Action Center of Greater Boston was opened December, 1971, and we forsee increased support from the Center in the years ahead.

STATISTICAL AND COMPARATIVE TABLE 1963–1972

Year	No. of Men	No. of Women	Total No. of Volunteers	No. of Hours
1963	35	633	668	53,257
1964	57	690	747	61,025
1965	30	660	690	60,227
1966	28	702	730	60,105
1967	19	691	710	60,250
1968	20	650	670	56,504
1969	21	589	610	53,186
1970	35	645	680	58,000
1971	108	731	839	57,138
1972	102	795	897	60,050

This year 108 volunteers were awarded the American Hospital Association pin. Our updated *Volunteers Make the Difference* has been well received locally and nationally.

We are pleased to welcome more Vincent Memorial Volunteers and know that their continued support will be greatly appreciated in the Clinics and other areas of the hospital.

Two talented volunteer organists, Mrs. Dorothy Farese of Arlington, and Mr. Grosvenor Calkins, organist at St. Stephen's Episcopal Church, Boston, and part-time teacher in the South End Community Center, provide music in the Chapel at noon each week.

An expanded craft program sponsored by the Ladies Visiting Committee is directed by one of their members, Mrs. Francis U. Paige, whose ability and enthusiasm is responsible for its growing success. As chairman of the program she conducts workshops to train the recreation staff and volunteers. Men as well as women enjoy the program which provides new skills to many and is a meaningful way of occupying time during and after hospitalization. She also has obtained large contributions of material from individuals and craft companies.

As mentioned in last year's report, there is a new philosophy in education which encourages field experience in a work-a-day world for students irrespective of their major subject. To facilitate our increased student interest in a variety of placement areas we circulated a questionnaire to the staff. The replies produced a fascinating list of opportunities. It is understood that volunteers do not take the place of paid workers but rather supplement the paid

staff. At the conclusion of the year Mrs. Maeve Blackman, Coordinator of this service, submitted a utilization study which revealed a total of 90 men and 183 women students, a total of 273, representing 45 high schools and 33 colleges. The minimum age requirement is 16. The greatest numbers volunteered in the emergency ward and recreation service, reflecting the students' interest in people-oriented service. Additional placements were in the Anesthesia Department and the Kidney Transplant and Burns Units; also in the following laboratories: Medical Engineering, Developmental Biology, Hematology, Gastrointestinal, Orthopaedic, etc.

The Spy Pond Keystoners, members of the Arlington Boys' Club, won national honors at the fifth annual Keystone Club conference of the Boys' Club of America at the Washington Hilton Inn, Washington, D.C., for providing over 800 hours of recreation service to our hospitalized children and adults. They were presented with the "American Patriots' Award," consisting of an American flag on a stand with a specially engraved plate, a gift of the Religious Heritage of America.

Through the generosity of ten friends this year, the Volunteer Department Fund, to further the work of volunteer services, has grown to the amount of $2,031. A list of all donors is kept on file in the department, and acknowledgements are made by the Treasurer of MGH.

The highlight of the annual Volunteer Recognition Party given by the Trustees and the General Director on December 5 in the Penthouse was the presentation of the eleventh annual Jessie Harding Award for Volunteer Service to Miss Ann S. Higgins. The citation was read and presented by Mr. John E. Lawrence, Chairman of the Board of Trustees, as follows: ". . . . in recognition of eleven years of continuous and devoted evening recreation service to the pediatric patients at the Massachusetts General Hospital. Your enthusiasm, skill, patience, and understanding along with your constant praise and encouragement to over 3,000 children has been outstanding and carried out in the finest tradition of the MGH." A craft exhibition of volunteers' hobbies delighted a large attendance of guests. They included: crewel and needlepoint pictures; landscapes, stills, and portraits in oils; third dimensional pictures of children's storybook characters; other craft articles, and a recently published book, *Sea Time*, written by Mrs. Frances Snyder, an MGH Service League volunteer who works at the clinics information desk. We were all happy to meet Dr. Charles A. Sanders, our new General Director, and his wife, Ann.

Again the staff participated on many volunteer programs in the community. Miss Marjorie Bennett attended a two day New England Association, Directors of Hospital Volunteer Services annual workshop in Williamstown. Mrs. Maeve Blackman was a participant at the Greater Boston and Worcester Voluntary Action Center Forums and the workshop luncheon at the Boston Center for Adult Education. I was the principal speaker at the annual luncheon meeting of the Brockton Memorial Hospital Auxiliary. Recently I was honored with the presentation of a pin and honorary membership in the Colombian National Association of Hospital Volunteers in Bogota, Colombia, South America. A feature article, "Changing Image of the Hospital Volunteer," written by me was published in the May-June issue of *The Hospital World*. This is the fourth article of a series since 1963.

We continue to develop leadership for the future of our profession through our Consultation Service. The following directors of volunteer services availed themselves of this educational opportunity: Mrs. Gloria Crowell, Massachusetts Rehabilitation Hospital, Boston; Mrs. Mary Ann Knight, the Memorial Hospital, Worcester; and Sister Loretto Mary Ballou, Our Lady of Fatima Unit, North Providence, Rhode Island.

In closing I wish to share with you the writing of a youth who worked at the hospital during the summer. "I volunteered to see if I wanted to work in a hospital. I found my volunteer work with the traveling store on the units very rewarding. I met and made friends with many people. I had the satisfaction of feeling good when patients and staff thanked me with a smile for doing something for them. I smiled back because I realized how important a smile can be. Also, I learned something about tolerance, endurance, and acceptance of pain from the patients, and was grateful to be healthy."

It was an active and rewarding year.

MARY RUTH WOLF
Director, Volunteer Department

Report of the Volunteer Services Committee

The Volunteer Services Committee acts as an umbrella over the various volunteer activities of the Hospital. It seeks to coordinate the many volunteer programs of the Auxiliaries with the Volunteer Department. Duplication is eliminated and a maximum amount of cooperation between the member groups is achieved, thus heightening the effectiveness of the overall volunteer effort at the MGH. Mrs. Maeve Blackman, coordinator of the Volunteer Services Committee, and all members of the Volunteer Department work closely to achieve the goals of the Committee. She also has fulfilled a number of community assignments which have strengthened the ties between the volunteer program at the MGH and those in other agencies, both in the Boston area and elsewhere in the state.

The Committee has experimented with different programs involving young people, one with the ABCD and others with the various colleges and schools in the area. Other recruitment activities have been attempted with reasonably good results.

During the past few months the offices of the Volunteer Department have been under reconstruction. Mrs. Blackman has worked closely with Miss Wolf and members of the Ladies Visiting Committee on the reorganization and redecoration of this space.

The Volunteer Services Committee continues to focus attention on the hospital's needs for volunteer services and devotes its energies to making whatever contribution is possible to responding to those needs.

MRS. R. MORTON CLAFLIN
Chairman, Volunteer Services Committee

Report of the Ladies Visiting Committee

The Ladies Visiting Committee concluded its one hundred and third year of service to the MGH having seen the creation of new exciting projects and the continuation of other needed and familiar commitments.

A needlework and crafts program available to all our patients was inaugurated under the energetic and able direction of Mrs. Francis U. Paige and met with great success and enthusiasm. Our Art Committee, under the talented hand of Mrs. William G. Constable, is now responsible for the cataloguing and maintenance of the MGH paintings and portraits, fast becoming a sizeable and rather valuable collection. At long last, a much needed remodelling of the Volunteer Office is under way which will provide not only more attractive surroundings but, more important, a more efficient use of limited space.

Visiting, particularly request or specialized visiting, continues under the conscientious cochairmen, Mrs. Francis C. Gray, Jr., and Mrs. Phillips Hallowell. Many thanks are due them and their committee, particularly Mrs. Taylor Black and Mrs. Whitney Hale, whose devotion seems boundless. Gray Hospitality under Mrs. Thatcher Luquer's faithful guidance has served refreshments in the Admitting area to incoming patients and families. Hospitality in the Radiation Therapy area was capably managed by Mrs. John Ware, whose constant sympathy was felt by many patients and their families. Mrs. Charles P. Hazard continues with her understanding work with the Chaplain and has met with Chapel representatives from the Service League in order that both groups may coordinate their plans. The General Store is an enormous success and increasingly busy due to the able direction of Miss Anna Revere, her loyal committee, and a fine staff. Mrs. Eustis Walcott capably supervised the Travelling Store, which is eagerly awaited by patients both as a welcome social visit and a source of needed items. We welcome Mrs. John B. Gray as the new chairman. Mrs. J. Peter Hunsaker and her diligent flower committee have provided attractive plants and flowers for the Chapel, White Lobby, Baker Memorial, and Phillips House. The Children's Service continues under the understanding chairman, Mrs. Ross E. Sherbrooke, who has provided much TLC for our young Burnham patients. Mrs. Constable and her talented Art Committee continue to fill the many requests for pictures from the Warren

Building locale and the Art Wagon. The Christmas program was cheerfully handled by Mrs. William D. Manice, who distributed paints and trees to the wards and arranged for outside carol singers, and by Mrs. Francis B. Haydock and Mrs. Nelson W. Aldrich, who tastefully decorated the lobbies and waiting areas with Christmas trees, plants, and wreaths. Mrs. Sewall H. Fessenden provided hospitality and friendship to the young members of the Distaff Club through punch parties, luncheons, and a tour of Salem's museums—several lovely old houses—followed by luncheon at a Marblehead oceanside house. The Coffee Shop continues to serve the MGH, its patients, visitors, and staff under the auspices of the L.V.C and the Service League, a most successful joint venture. Mrs. Charles Almy, as Tour Chairman, has organized tours and helped provide guides for professional and lay groups visiting the hospital.

The L.V.C. is represented by Mrs. George L. Blackman on the Social Service Advisory Committee, by Mrs. Black and myself on the Volunteer Advisory Committee, and by Mrs. R. Morton Claflin and myself on the Volunteer Services Committee. Heartfelt thanks are due to all the chairmen and their committees who have shown invaluable qualities of kindness and thoughtfulness to the hospital.

We accepted with deep regret the resignations of Mrs. Frank G. Allan, Mrs. Barry Bigelow, Mrs. Edwin W. Hiam, and Mrs. Sherman Morss. We welcomed five new members: Mrs. Hildreth M. Clark, Mrs. John Ware, Mrs. Charles B. Weeks, Mrs. Francis U. Paige, and Mrs. Franklin Wyman.

We were very fortunate in having as guest speakers: Dr. John H. Knowles (former General Director of the MGH), Mrs. Ruth McRobert (Director of Personnel), a tour of the Clinics Display Unit with Miss Joyce Gormley as commentator and Dr. Earl W. Wilkins (Director of the Emergency Service). It was a distinct privilege to hear them, and for this we are very grateful.

We look forward to another year of service to the MGH with hopes of increased and broadened contributions to the hospital and the community.

MRS. KARL RIEMER
Chairman

1972 FINANCIAL REPORT OF THE GENERAL STORE

Balance on Hand–December 31, 1971			$ 28,384.26
Cash Receipts			180,368.65
Total Receipts			$208,752.91
Expenses:			
Salaries	$ 37,751.00		
Fringe Benefits	1,812.00		
Hospital Pension (Burnell)	475.68		
Social Security	1,759.92	$ 41,798.60	
Stock Purchased:			
Outside Vendors	$108,101.97		
Upper Store	287.97	108,389.94	
Utilities Charge:		153.56	
Miscellaneous:			
Mass. Sales Tax Payments	$ 2,247.43		
Maintenance	26.19		
Renovation and Alterations	497.96		
Photo Lab	70.50		
Returned Check (Insufficient funds in Customers Account)	10.30		
Medical Art Department	34.50		
Freight Charges	199.26		
Repairs	30.15	3,116.29	
Equipment:			
Cash Register		600.00	
Total Expenses			$154,058.39
			54,694.52
Paid to Ladies Visiting Committee from 1971 Earnings			10,000.00
Balance on Hand–December 31, 1972			$ 44,694.52

SUMMARY

Receipts	$180,368.65	
Expenses	154,058.39	
Cash Gain	$ 26,310.26	
Increase in Inventory	1,634.41	
Operating Gain for 1972	$ 27,944.67	
Value of Inventory December 31, 1972		$ 7,705.84

Note: The fiscal year of the General Store remains on the calendar year.

MRS. FRANCIS C. GRAY
Treasurer

Report of the Service League

The Service League, in its twenty-second year, continues to attempt to supply service to the hospital and offer the wives of men on the staff, as well as interested lay people, an opportunity to work for the hospital through its various projects. The total membership is 548, with 371 of these dues-paying members, and 76 are new members this year.

The Reception Center, under the direction of Mrs. C. Miller Fisher, is still the working center of the Service League. Foreign visitors to the hospital are sent quite routinely to register there, looking for help in a variety of ways to make their stay at the MGH a happier one. It has been staffed this year by 20 volunteers who have contributed 1,164 hours to the Center. Ninety-seven visitors have registered from 30 different countries.

The Housing Chairman, Mrs. Lawrence Martin, has placed 70 visitors in housing this year. Forty-eight apartments, 13 furnished rooms, and 9 houses have been found for this purpose. Sixteen of the families in the above group have arrived with two or more children.

Seventy-eight families have been helped with furniture from our Furniture Exchange, under the direction of Mrs. Henry Warner and Mrs. Miriam Fern. This is a much appreciated and necessary service to offer people who are here only temporarily. In all, there have been over 100 trips made to the furniture barn at McLean Hospital in Belmont by these devoted ladies, in an effort to help people with their selections.

Tickets to Symphony and a variety of other events are distributed each week to our visitors from other countries and are one of the most appreciated services we offer, as we know from the notes we receive in return. One hundred seventeen tickets were distributed this past year. Thirty-eight of these were tickets bought by the Service League, 30 were donated by friends, 41 were given to us by Peabody-Mason Foundation, 6 by Music from India, and 2 of them were lecture tickets.

Mrs. Ashby Moncure, Chairman of Hospitality, organized three beach and pool parties during the summer for wives and children of foreign visitors. Thirty-five wives, plus children, attended, with 20 Service League members serving as volunteer drivers. At Thanksgiving, 16 visitors were entertained in staff homes at dinner. In the fall, Dr. and Mrs. Moncure held a Sunday barbecue, to which 33

foreign visitors came, and 31 Americans acted as hosts and hostesses. This was a very pleasant, informal party which gave people an opportunity to become better acquainted.

In May Dr. and Mrs. Bradford Cannon allow us the use of their spacious grounds in Lincoln for what has come to be known as "The Cannon Picnic." This is eagerly looked forward to by our international visitors and their families, as well as members of the Distaff Club and their children. We are most grateful to the Cannons.

Beyond our Reception Center and its services offered to foreign visitors, there are a variety of volunteer activities in the hospital designed to help both patients and their visitors to the hospital.

The Clinics Project, under the cochairmanship of Mrs. Harry R. Healey, Jr., and Mrs. Thomas Hackett, with the indispensable guidance and assistance of the Clinics Consultant, Mrs. Francis M. Ingersoll, are, we hope, successful in their concerted aim to help make the patients' visits to the various Clinics within the Projects less confusing and as pleasant as possible. Approximately 2,155 hours have been contributed in the past year by Service League volunteers in the following areas: Information Desks, Hospitality, Medical Clinics, Clinics Balcony Information, Ambulatory Screening, Rehabilitation, Surgical Pediatrics, Special Projects, and the Patient Activity Center. There have been three teaching sessions: a Clinics Workshop in October, a meeting with Mr. Prekup in January outlining the changes in operation of the Clinics, and a meeting to bring Information Desk volunteers up to date. The Information Desks have been increasingly busy and have assisted 17,291 patients with their questions in the past year.

Chapel Concerts, under the planning of Mrs. Albert C. England with the help of Mrs. Robert Joplin (who organizes volunteers to bring patients from the floors), continue to be held twice a month. Much of our musical talent comes from within the hospital family itself. Since so many of our musicians have performed many times, it is assumed they get as much joy and satisfaction from this activity as do the listeners.

The Service League alternates with the Ladies Visiting Committee in providing a Chairman in charge of the Coffee Shop. A full report on the Coffee Shop may be found elsewhere in this book. Mrs. George Baker, Jr., Mrs. C. Miller Fisher, Mrs. Alfred Kranes, and Mrs. Charles Knapp serve on the Coffee Shop committee.

Mrs. Charles O'Conor was in charge of an Evening at Pops in June. Invitations were sent to the entire hospital family, and as always seems to be the case, it was a sell-out.

The annual luncheon, under the chairmanship of Mrs. Charles Huggins, was held this year at the Country Club in Brookline. Dr. Charles Sanders, General Director of the hospital, was the speaker. He brought our membership up-to-date on current problems of hospital administration and the MGH in particular.

The Service-League-Distaff party will be held at Pine Manor Junior College in Brookline. It will be a Monte Carlo night. A buffet supper will be served, and we hope this sort of party will be a good way to mix staff and house staff, which is the purpose of this party.

The annual meeting was held in Bartlett Hall in May with Mrs. Miriam Fern presiding. Miss Mary MacDonald presented the service pins. Miss Eleanor Clark of Social Service was the excellent speaker, presenting the hospital's stand on abortion.

In the fall, all our Community Chairmen, with the help of Mrs. John Grover, coordinator of Community Chairmen, and the Volunteer Department, planned a series of hospital tours, followed by a social hour in the Penthouse. The tours were sparsely attended, but were both informative and pleasant for those who were there. We hope we have placed before some of our membership an awareness of the opportunities for service to the hospital in a wide variety of areas, so that as their home and family situations change, they may find themselves interested and knowledgeable enough about our projects to volunteer for us and for the hospital.

ETHEL H. ULFELDER
President, Service League

Report of the Coffee Shop

The MGH Coffee Shop has completed its ninth year of operation under the joint sponsorship of the Ladies Visiting Committee and the MGH Service League. Representing the two committees are: Mesdames Alfred Kranes, Lawrence Robbins, Howard Ulfelder, Dunster Howe, Charles Knapp, C. Miller Fisher, Vincent Perlo, George P. Baker, Jr., Charles Almy, R. Morton Claflin, Thomas H.P. Whitney, Ezra F. Stevens, and myself.

Our manager, two supervisors, and twenty-six employees have worked hard and faithfully to maintain our good reputation.

We are grateful to the Committee and 25 loyal volunteers who gave 2,600 hours of service to the Coffee Shop. Their contribution is twofold: first, their actual physical work and second, their assistance and comfort to many patients and visitors. Many thanks are due to the Volunteer Department for their continuing support by providing us with additional reliable volunteers throughout the year. Our thanks go to Mr. Henry Murphy, Mr. Lawrence Martin, Mr. Joseph McCue, and Miss Louise Hatch from the administration for their counsel, patience, and cooperation.

Last January (1972) saw the opening of the Coffee Shop on Saturdays and Sundays using a limited menu, fewer staff, and shorter hours. This has proved a welcome service to the hospital and will continue if financially feasible.

This year for the first time the Coffee Shop lost money. Although both our customer count and our income increased, it was not enough to meet the increase in expenses—mainly wages and the rise in food costs. We have employed the services of the MGH Industrial Engineers who have completed a survey and presented us with a plan which promises to not only reduce our expenses but also to improve our service. The engineers, the manager, and the Committee are optimistic that we can remedy our loss rapidly after adoption of the new system.

We cannot expand, nor do we want to raise prices, so we must work within our present space and limited resources. Our most important commitment is to serve the MGH, its patients, visitors, and staff.

MRS. KARL RIEMER
Chairman

Report of the Distaff Club

The Distaff Club is composed of the wives of house officers and Fellows as well as interested women house officers at the Massachusetts General Hospital. It is primarily a social organization with a variety of social and educational activities and volunteer projects planned to help these women become better acquainted with each other, the Boston area, and the hospital.

This report, which includes the period from October 1, 1971, to October 1, 1972, covers the projects and activities of two executive boards. Officers are elected by the middle of March of each year and the new board works together with the residing board for one month and assumes full responsibility by early May. The officers for 1971-1972 were Mrs. Ronald D. Emkey, President; Mrs. Lawrence Mills, Vice-President (Program Coordinator); Mrs. Robert Smith, Vice-President (Area Coordinator); Mrs. S. David Stulberg, Secretary; and Mrs. Victor Levin, Treasurer. Officers for 1972-1973 are Mrs. Marc Pohl, President; Mrs. Peter Scardino, Vice-President (Program Coordinator); Mrs. Frank Pease, Vice-President (Area Coordinator); Mrs. Dan Nixon, Secretary; and Mrs. William Owens, Treasurer.

Service projects undertaken by Distaff during this period included the annual Halloween and Valentine Parties given for the pediatric patients in Burnham, the wrapping of gifts for the 1971 Hospital Christmas Party, a new Blood Donor Program in 1972, and a membership in the Big Sister Association of Greater Boston. Distaffers also made "Friendly Dragon Puppets" for the incoming pediatric patients. A special service was provided by the Housing Chairman, Mrs. Ernest Ring. She was responsible for sending housing information to all incoming staff as well as maintaining an up-to-date listing of available apartments and houses. Mrs. Lawrence Mills, our new foreign visitors liaison, gives special attention to foreigners.

Meetings and social activities for the fall of 1971 and winter of 1972 included a Gourmet International Dinner, "An Evening of Culinary Delight" in November, a visit to the Cathryn Hines facial studio on Newbury Street in January, a theatre party at the Caravan Theatre in Cambridge, and a lecture on "The Anatomy of a Cow" by Julia Child's butcher, Jack Savenor, in March. The winter events were highlighted by an ice skating party in February given with Service League at the Boston Skating Club. Hot food was served, and it was very successful.

Our annual spring luncheon and fashion show in April was held at Anthony's Pier 4 and featured fashions from Robinhood's Barn. In May we were fortunate to have Mrs. Claude Welch conduct a most informative tour of Boston's famous historic structures. The traditional Memorial Day Picnic at the home of Dr. and Mrs. Bradford Cannon was once again a delightful afternoon outdoors for Distaffers and their families. Distaff also assisted in the arrangements for the MGH Night at the Pops. Many members and their husbands attended the concert.

A special effort is made in July to welcome newcomers to the hospital. A "Welcome Packet" filled with information about the MGH and practical suggestions for the newcomer to Boston including Distaff's own booklet, "Distaff Suggestions," was prepared and distributed to each new arrival. The July Welcome Party with Dr. and Mrs. Benjamin Castleman marked the official beginning of the club's activities for 1972-1973. The Summer Get Acquainted Program included area Welcome Teas, a Rum-Punch Party at the home of Mr. and Mrs. Sewall Fessenden, Good Harbor beach party, a trip to Benson's Wild Animal Farm, a Red Sox baseball game, a hayride with our children at Elm Brook Farm, a Bay State Cruise, a trip to the Children's Museum, and the Salem House Tour and Luncheon.

The opening meeting for September was another successful architecture tour led by Mrs. Claude Welch, followed in October by an Evening with Gregorian, well known oriental rug dealer. This affair was well attended by husbands. Jack Savenor, Julia Child's butcher, hosted the November program. Area-level activities such as gourmet, bridge, and book groups continue to complement the club's general meetings.

The Distaff Directory, which included the names, addresses, phone numbers, and husbands' positions of approximately 500 Distaffers was issued in October. *Distaff News*, the club's newsletter, is published monthly to keep members informed of the club's events and activities.

Financial support is provided by annual dues of $5.00. As of December 1, 1972, Distaff included 145 dues-paying members. Additional funds were raised through a bake sale held in the White Lobby of the hospital in the fall. Also, an annual spring bake sale enables Distaff to contribute to the hospital Therapeutic Recreation Fund for the purpose of needed equipment and supplies.

Individual Distaffers have become more and more involved in volunteer work throughout the hospital. In providing the opportunity for its members to become better acquainted with each other,

with Boston, and with the MGH, we hope that Distaff is contributing something of value to both its individual members, and as a volunteer organization, to the Massachusetts General Hospital.

MRS. MARC POHL
President

Dalton Scholarships

Dalton Scholar Awards will be made to young physicians for significant contributions to the advancement of medical knowledge and for individual promise for continued scholarly work. The recipients will be members of the MGH Staff and less than 40 years of age. Their research contributions leading to the award will have to be accomplished at the MGH. Each award will be for $1,000 and generally two individuals will be chosen yearly. The Committee on Dalton Scholar Awards will be appointed annually by the General Executive Committee. The Awards will be presented at the Corporation Dinner.

In addition, remaining monies in the Dalton Fund will be available for foreign travel for young MGH staff members. A maximum of $2,500 will be awarded in any year. Travel funds will be awarded to an individual whose travel would result in significant educational benefit to the individual and to the Massachusetts General Hospital. The awards will be recommended by the General Executive Committee.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

The submission of special theses or essays will no longer be required for this competitive prize.

In 1971 two prizes were awarded in the form of a lectureship at the Massachusetts General Hospital to Dr. Howard M. Temin, Professor of Oncology, McArdle Laboratories, University of Wisconsin, and to Dr. David Baltimore, Associate Professor of Microbiology, Massachusetts Institute of Technology.

The Warren Prize Lecturers, selected for outstanding work in medical science, are nominated to the Trustees by the General Executive Committee.

Forms of Legacies

A. An Unrestricted Legacy

"I give the Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... (\$)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts . . . . . (\$). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of . . . . . and shall be known as the . . . . . Fund."

Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 31 Milk Street, Boston.

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1963	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.
1966	10,039,745.	2,638,935.	3,640,947.	8,295,387.	6,716,760.	31,331,774.
1967	12,316,960.	3,209,278.	4,603,628.	10,153,245.	6,709,564.	36,992,675.
1968	14,113,649.	3,890,013.	5,624,700.	12,760,249.	10,348,079.	46,736,690.
1969	16,706,831.	4,377,801.	6,140,705.	15,137,966.	12,439,741.	54,803,044.
1970	18,838,791.	5,271,115.	6,678,492.	19,921,196.	14,675,363.	65,385,057.
1971	22,007,304.	5,992,824.	7,736,075.	24,592,002.	16,202,388.	76,530,593.
1972**	22,943,867.	6,793,601.	7,211,121.	28,423,051.	18,130,314.	83,501,954.

TOTAL NET EARNINGS

1963	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.
1966	8,120,683.	1,927,309.	4,172,046.	9,869,486.	5,367,090.	29,456,614.
1967	9,982,300.	2,518,774.	4,750,199.	11,804,230.	6,035,295.	35,090,798.
1968	12,358,792.	3,091,597.	5,654,924.	14,466,853.	9,245,841.	44,818,007.
1969	14,454,284.	3,554,365.	6,307,686.	17,030,299.	11,517,879.	52,864,513.
1970	17,197,282.	3,952,509.	7,300,199.	21,810,177.	13,123,511.	63,383,678.
1971	21,534,252.	4,938,888.	8,749,409.	24,886,505.	14,540,399.	74,649,453.
1972**	22,142,719.	5,565,363.	7,844,584.	28,474,454.	16,591,566.	80,618,686.

*Research Funds excluded.
**36 Beds Transferred from Private to Semi-Private

MGH CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1963	11,736	201,415	665	151,734
1964	11,762	205,991	682	141,872
1965	13,498	210,304	696	157,252
1966	14,218	212,607	704	168,338
1967	14,504	226,207	749	176,013
1968	15,846	237,792	782	178,744
1969	15,958	236,194	780	189,133
1970	10,090	180,066	596	186,168
1971	11,640	190,738	629	203,248
1972	10,595	190,854	628	205,505

	Cost of Clinics	Aver. Cost per Visit in Clinics	Total Net Receipts	Aver. Net Receipts
1963	2,275,392	11.30	1,433,034	7.11
1964	2,419,666	11.75	1,504,526	7.30
1965	2,525,339	12.01	1,929,031	9.17
1966	3,151,428	14.82	2,327,922	10.95
1967	3,797,697	16.79	3,070,480	13.57
1968	4,550,018	19.13	3,802,362	15.99
1969	5,104,878	21.61	4,427,465	18.75
1970	5,271,115	29.27	3,952,509	21.95
1971	5,982,824	31.42	4,938,888	25.89
1972	6,793,601	35.60	5,565,363	29.16

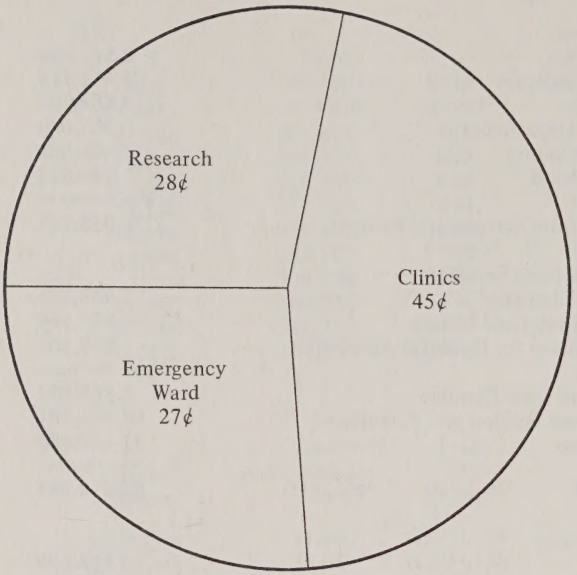
EMERGENCY WARD

	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1963	47,191	415,352	171,567	586,919	303,040
1964	53,017	451,981	215,045	667,026	362,896
1965	56,073	583,036	230,711	813,747	386,462
1966	58,085	461,521	244,035	705,556	429,499
1967	62,530	509,229	337,133	846,362	567,985
1968	66,176	782,766	335,263	1,118,030	688,450
1969	69,695	989,255	495,346	1,483,601	939,583
1970	74,558	1,560,050	638,357	2,198,407	1,162,371
1971	76,405	1,752,272	790,034	2,542,306	1,900,951
1972	75,170	1,713,682	764,986	2,478,668	1,636,400

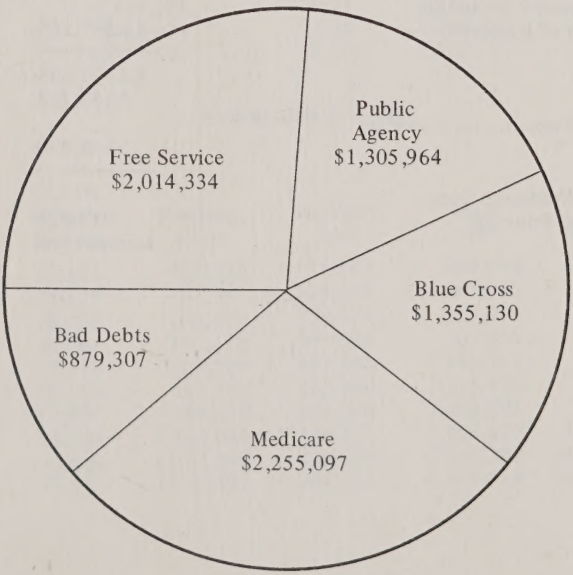
INCOME AND EXPENSE SUMMARY
GENERAL FUND

Operating Income	*1972*	*1971*
Private Patients	$ 8,541,288	$ 8,861,224
Semiprivate Patients	32,413,415	28,471,284
Ward Patients	23,865,260	22,390,208
Out-Patient Department	6,591,669	5,888,094
Private Ambulatory	2,456,664	1,908,381
Emergency Ward	2,149,823	2,039,018
Total Earnings from Services and Patients	76,018,119	69,558,209
Less Deductions from Earnings		
Charity Allowance	1,958,981	1,526,887
Other Rebates and Losses	4,971,544	3,515,572
Net Provision for Doubtful Accounts	879,307	1,012,212
Total Deductions from Earnings	7,809,832	6,054,671
Net Earnings from Services and Patients	68,208,287	63,503,538
Other Income	12,410,400	11,145,915
Total Income	80,618,687	74,649,453
Operating Expenses		
In Patients	58,578,039	54,335,381
Out Patients	6,793,601	5,992,824
Private Ambulatory	2,304,479	1,763,513
Emergency Ward	2,478,668	2,542,306
Total Patient Expense	70,154,787	64,634,024
Add: Other Expenses (including Indirect Cost of Research)	13,347,168	11,896,569
Total Expenses	83,501,955	76,530,593
Net Deficit	2,883,268	1,881,140
Available from Treasurer for Expenses at Hospital	1,969,990	1,843,842
Final Deficit–Withdrawn from General Fund Principal	913,278	37,298

OPERATING LOSS DOLLAR



DEDUCTIONS FROM EARNINGS



STATEMENT OF FUND EXPENDITURES

Research Fund Expenditures	*Oct. 1, 1971-Sept. 30, 1972*		*Oct. 1, 1970-Sept. 30, 1971*	
Contract				
Salaries & Wages	$ 1,231,798.37		$ 1,119,339.82	
Supplies & Expenses	1,756,053.96	$ 2,987,852.33	1,635,772.82	$ 2,755,112.64
Gifts & Grants				
Salaries & Wages	$ 4,799,614.15		$ 4,528,667.28	
Supplies & Expenses	5,334,565.50		4,685,343.88	
	10,134,179.65	10,134,179.65	9,214,011.16	9,214,011.16
Miscellaneous Income	(1,925,187.93)		126,742.56	
Net Expense	$12,059,367.58		$ 9,087,268.60	
Training Grants				
Salaries & Wages	$ 2,285,052.26		$ 2,081,081.29	
Supplies & Expenses	640,405.25		629,956.98	
	$ 2,925,457.51	2,925,457.51	$ 2,711,038.27	2,711,038.27
Other Fund Expenditures				
Contract				
Salaries & Wages	$ 518,172.04		$ 449,778.19	
Supplies & Expenses	1,328,531.94	1,846,703.98	1,228,130.99	1,677,909.18
Other Special Purpose Funds				
Salaries & Wages	$ 1,011,867.30		$ 1,060,952.58	
Supplies & Expenses	1,569,452.95		1,148,246.38	
	2,581,320.25	2,581,320.25	2,209,198.96	2,209,198.96
Miscellaneous Income	899,519.36		1,096,890.49	
Net Expense	$ 1,681,800.89		$ 1,112,308.47	
Total Fund Expenditures		$20,475,513.72		$18,567,270.21

STATEMENT OF STOCK ON HAND SEPTEMBER 30, 1972 AND SEPTEMBER 30, 1971

	Sept. 30 1972	*Sept. 30 1971*
General Hospital Apothecary Out-Patient Department Apothecary	$ 92,177,140	$ 84,079,606
General Hospital Upper Store	24,304,001	26,310,695
General Hospital Lower Store	2,907,820	4,638,383
General Hospital Maintenance	10,421,395	11,559,123
General Hospital Postage	540,549	369,953
General Hospital Print Shop	371,766	594,110
Other	43,195,374	36,027,553
Total Stock on Hand	$173,918,045	$163,579,423

SERVICE IN-PATIENT STATISTICS
For The Years 1963-1971

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11–	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12–	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12+	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13–	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12+	8,304	752	6.50	63%
1969	11,345	381	488	78.1	138,981	12+	8,588	754	6.64	60%
1970	11,983	379	487	77.8	138,465	12–	8,858	702	5.85	50%
1971	11,876	356	481	74	130,060	12–	5,982	702	5.91	55%
1972	12,024	343	482	71	125,565	10+	N.A.*	673	5.60	54%

Total number of patients admitted to General Hospital from the year 1921 – 721,804.

Private pediatric patients included in service category since 1963.

SEMI-PRIVATE IN-PATIENT STATISTICS
For The Years 1962-1971

1963	9,934	347	336	103	126,525	13–	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13–	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14+	6,882	568	5.2	64%
1969	11,284	436	402	108	159,337	14+	6,716	570	5.05	61%
1970	11,966	455	416	109	166,170	14–	6,801	528	4.41	59%
1971	12,534	452	416	108.7	165,076	13+	6,667	487	3.88	61%
1972	13,585	468	464	100.9	171,313	13–	N.A.*	585	4.31	57%

Total number of patients admitted to Baker Memorial from the year 1930 – 336,828.

PRIVATE IN-PATIENT STATISTICS
For The Years 1962-1971

1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13–	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14–	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14+	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14+	1,739	164	3.9	67%
1969	4,058	158	173	91	57,603	14+	1,716	166	4.09	65%
1970	4,335	153	174	87.9	55,903	13–	2,021	140	3.22	67%
1971	4,265	142	173	82	51,870	11–	5,459	145	3.4	60%
1972	4,071	128	138	93	46,778	11+	N.A.*	116	2.85	47%

Total number of patients admitted to Phillips House from the year 1917 – 198,783

*None Available

MGH CLINICS

CLINICS	ACTIVE TOTALS (Total Number of Visits) 1972	1971	1970
Dermatology			
Dermatology	10,770	9,743	9,540
Skin L	2,070	1,782	1,475
Gynecology			
Gynecology	8,715	8,020	6,756
Infertility	213	484	470
Obstetrics	1,794	1,469	1,465
Gynecology/Endocrine	146	95*	--
Medical			
Admitting Physician (see footnote)		--	2,664
Allergy	3,759	4,129	3,736
Amb. Screening Clinic	15,126	14,042	8,421
Arthritis	1,500	1,364	1,396
Cardiac	2,582	2,422	2,382
Diabetes	1,061	1,011	1,229
Endocrine	553	561	596
Gastro-Intestinal	971	978	1,058
Hematology	603	759	720
Hypertension	417	425	462
Medical-Adult	23,057	23,405	21,878
Pulmonary	654	726	782
Pulmonary 2	497	435	402
Rehabilitation	272	309	353
Thyroid	1,886	4,458**	6,395
Thyroid Metabolism	--	650**	1,629
Neuromedical			
Language, Speech & Reading	7,804	7,914	7,156
Neuromedical	6,378	6,159	5,798
Neurosurgical	1,209	1,137	998
Parkinson's	342	370	434
Oral Surgical			
Oral Surgical	7,054	7,427	6,263
Orthopaedic			
Amputation Clinic	663	558	603
Amputation Rounds	224	224	213
Fracture	4,891	4,751	4,879
Milwaukee Brace	53	60	36
Orthopaedic	6,514	6,960	6,896
Podiatry	2,595	2,148	2,191
Pediatrics			
Children's Cardiac	296	266	301
Children's Medical	5,901	6,257	5,509
Children's Metabolic & Endocrine	547	535	621

Pediatric Allergy	799	605	671
Pediatric Dermatology	578	548	500
Pediatric Neurology	1,011	987	1,068
Pediatric Neurosurgery	24	31	45
Pediatric Orthopaedic	643	784	760
Pediatric Surgery	275	309	428
Pediatric Urology	319	358	341
Pedi-Genetics	299	213	49
Weight Control Unit	--	25	50
Well Child Clinic	--	191	418
Pediatric Hematology	68	28*	--
Psychiatry			
Psychiatry (Child)	2,831	2,586	2,530
Psychiatry I	9,070	9,214	7,818
Psychiatry II	1,360	1,444	2,974
Psychiatry III	14,335	15,615	11,898
Surgical			
Hand	578	161	207
Plastic	2,564	2,485	1,382
Surgical	2,077	2,188	1,811
Surgical Dispensary	6,748	6,216	7,627
Surgical Follow-up	3,671	3,514	4,210
Vascular	530	528	636
Thoracic	26	30*	--
Tumor			
Tumor	7,857	7,588	7,073
Urology			
Urology	7,866	8,351	7,051
Miscellaneous			
Social Service	2,975	1,532	1,830
Nutrition	3,233	3,174	2,982
M.G.H. Clinics Total	190,854	190,738	180,066

*Single asterisked clinics came into existence or assumed a separate indentity in fiscal 1970-1971.

**Double asterisked clinics were accounted for in a new statistical process in fiscal 1970-1971. The most radically affected figure is the Thyroid Metabolism figure.

N.B. The Admitting Physician became the Ambulatory Screening Clinic in fiscal 1969-1970.

THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY

EXAMINATIONS COMPLETED

Emergency Ward Unit Examinations	60,038
General Hospital Unit Examinations (White 2)	50,800
Private Ambulatory Unit Examinations (Baker 1)	17,087
Baker Memorial Unit Examinations (Baker 2)	24,133
Phillips House Unit Examinations	4,632
Gray Admitting Unit Examinations	6,180
Angiography Unit Examinations Gray 2	1,088
Neuroradiology Unit Examinations (Gray 2)	3,259
Nuclear Medicine Unit Examinations (Gray 2)	3,791
Gray O.R. Unit Examinations (Gray 3A)	12,476
House Clinics Unit Examinations (Clinic Basement)	602
Other	804
Total	184,890

The above statistics do not reflect the number of patients examined, only the number of examinations completed. The statistics for 1971-72 have been made more accurate through the elimination of double counting in some exams.

RADIATION MEDICINE–RADIATION THERAPY
10/1/71–9/30/72

Treatments	
Phillips House (in-patients)	893
Baker Memorial (in-patients)	1,934
General Hospital (in-patients)	646
Overnight Ward	49
Emergency Ward	0
Eye and Ear In-Patients (inc. pvt. and clinic)	114
Staff Clinic	0
Vincent 2	103
Vincent 3	234
Burnham 4	53
Burnham 5	49
Burnham 6	41
Private Ambulatory	21,533
OPD Ambulatory	3,806
Betatron (BU)	3,124
Cobalt 60 (BU)	951
Total	33,530
Observations	4,627
Consultations	997
Total Number of Treatments	33,530
Radium and Isotopes	119
Radium Substitutes	13
Grand Total	39,286
No. of Patients Treated	1,738
No. of New Patients	1,256
Deep X-ray Treatments	26,276
Superficial X-ray Treatments	7,254
Total	33,530

RADIUM REPORT

Phillips House (in-patients)	3
Baker Memorial (in-patients)	20
General Hospital (in-patients)	4
Vincent 2	11
Vincent 3	61
Eye and Ear	2
OPD (Clinic Ambulatory)	0
Private Ambulatory	1
Total	102

ISOTOPES

Private	17

RADIUM SUBSTITUTE ISOTOPES

Private	13

PHYSICAL MEDICINE DEPARTMENT

PHYSICAL THERAPY

	1972	*1971*
Treatments given:		
Out-Patient	5,366	4,618
General Hospital (Including Eye & Ear Infirmary)	25,791	29,210
Phillips House	2,075	2,388
Baker Memorial	7,622	7,706
Private Ambulatory Patients	5,142	5,414
Total Treatment given	45,996	49,336

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1972, which has been abstracted from the auditor's report, prepared by Alexander Grant & Company, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
CONDENSED BALANCE SHEET
(September 30)

	1972	1971
ASSETS		
Cash	$ 759,830	$ 950,176
Investments		
Bonds and Notes	15,147,996	26,669,461
Stocks	50,586,222	41,765,972
Real Estate	–	15,000
Accounts Receivable (Less Reserve for Doubtful Accounts)	23,391,821	19,828,097
Notes Receivable	414,197	438,500
Inventories of Supplies	1,806,001	1,731,490
Prepaid Items	523,626	424,667
Contractual Adjustments Receivable	–	304,019
Plant – (Less Depreciation Reserve)	63,315,706	56,236,453
Construction in Progress	6,916,289	7,978,890
TOTAL	$162,861,688	$156,342,725
LIABILITIES		
Notes Payable	$ –	$ 1,500,000
Accounts Payable	3,375,214	2,576,884
Mortgage Notes Payable	5,571,286	1,410,626
Accrued Expenses	1,618,076	1,212,896
Unearned Tuition Income	312,742	329,005
Reserve for Contractual Adjustments	783,279	–
Workmens Compensation Reserve	460,102	458,130
Life Insurance Reserve	136,388	(5,035)
Temporary Funds:		
General Hospital	6,369,410	5,581,724
McLean Hospital	94,041	196,611
Fiduciary	42,158	38,231
General Pension Reserve	*	3,774,242
General Hospital Funds:		
General Fund	12,910,104	12,232,786
Unrestricted Endowment Funds	6,187,242	5,946,883
Restricted Endowment Funds	23,027,579	22,160,429
Building Funds	7,016,240	9,224,818
McLean Hospital Funds:		
General Fund	1,217,679	493,997
Endowment Funds	1,039,167	1,006,770
Building Funds	509,821	309,965
Fiduciary Funds	1,231,257	1,703,714
Undistributed Realized Security Gains	27,644,197	29,953,596
Funds Invested in Plant	63,315,706	56,236,453
TOTAL	$162,861,688	$156,342,725

*Transferred to Massachusetts General Hospital Pension Trust Funds

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
STATEMENT OF OPERATIONS

(For fiscal year ending September 30)

	1972	1971
Gross Revenue		
Services to Patients	$80,830,845	$73,977,887
Miscellaneous Income	7,308,549	6,632,403
	88,139,394	80,610,290
Deductions		
Allowances to Patients	2,008,259	1,580,200
Contractual Adjustments	4,922,266	3,383,380
Provision for Uncollectibles	722,065	870,358
	7,652,590	5,833,938
Net Revenue	80,486,804	74,776,352
Operating Expenses		
Salaries and Wages	50,308,469	46,702,919
Supplies and Expenses	29,495,797	26,006,222
Provision for Depreciation	3,340,994	3,112,634
Interest	6,319	372,801
	83,151,579	76,194,576
Operating Income (Loss)	(2,664,775)	(1,418,224)
Investment and Other Income	1,969,990	1,843,842
Less Corporation and General Expenses	218,493	136,504
	1,751,497	1,707,338
NET INCOME (LOSS)	$ (913,278)	$ (289,114)

THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
STATEMENT OF OPERATIONS

(For fiscal year ending September 30)

	1972	1971
Gross Revenue		
Services to Patients	$ 9,749,949	$8,767,787
Miscellaneous Income	501,103	457,847
	10,251,052	9,225,634
Deductions		
Allowances to Patients	677,188	385,744
Contractual Adjustments	173,755	36,136
Provision for Uncollectibles	278,125	165,162
	1,129,068	587,042
Net Revenue	9,121,984	8,638,592
Operating Expenses		
Salaries and Wages	6,626,932	6,228,929
Supplies and Expenses	2,186,231	1,893,309
Provision for Depreciation	342,652	319,801
Interest	1,858	
	9,157,673	8,442,039
Operating Income (Loss)	(35,689)	196,553
Investment and Other Income	92,534	92,442
Less Corporation and General Expenses	42,732	28,082
	49,802	64,360
NET INCOME (LOSS)	$ 14,113	$ 260,913

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
FOR ANY HOSPITAL PURPOSE	$12,910,104

ENDOWMENT FUNDS

FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	10,000
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,534
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	45,304
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	98,241
HENRY K. BEECHER RESEARCH FUND Income to be used for Anesthesia Research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	168,063
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041
WILLIAM APPLEBAUM FUND Income for improvement of medical care under the direction of Chief of Medical Services.	48,439
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147
JOHN ASHTON FUND For diseased and wounded soldiers.	58,202

	PRINCIPAL
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	22,450
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	720,872
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	11,480
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,148
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopedic Service.	58,500
HENRY K. BEECHER HONORARY LECTURESHIP FUND Under the direction of the Chief of the Anesthesia Service.	9,389
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Services.	8,601
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000
THE EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	87,584
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000

	PRINCIPAL
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	51,505
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	1,010
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	352,664
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	22,280
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	118,601
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	1,092,883
EDWARD D. CHURCHILL FUND Income to be used for the benefit of the Surgical House Staff.	25,007
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000

	PRINCIPAL
CONNECTING BUILDING FUND Income for Connecting Building.	10,000
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	341,814
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	248,086
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."	20,000
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.	32,520
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of Trustees of The Bessie Rochester Edwards Memorial Foundation $55,914 Disabled Ex-Servicemen's Exchange, Inc. 10,250	66,164
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	4,639

	PRINCIPAL
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	20,214
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.	89,753
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	1,399
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only–preferably for West End children.	2,282
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.	80,000
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,520
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	4,841,847
GEBBIE FUND For support of teacher investigators under the direction of the Chief of the Orthopaedic Service.	514,035
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,596

	PRINCIPAL
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principle may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
ISABELLE ORAM HERTELL FUND For maintenance, support, and improvement of hospital.	7,052
THE WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,054
CHARLES W. HOLTZER FUND Income for general research work.	41,667
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	5,378,687
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	70,630
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	7,465
THE VARAZTED H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	30,000

	PRINCIPAL
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of Nurses in the Hospital.	5,000
THE JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000
THE MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190
THE CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517
MARY LOU McCARTHY MEMORIAL FUND Income for education and research in radiation medicine.	12,272
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150

	PRINCIPAL
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons, particularly the young, who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies Visiting Committee.	6,189
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with nonobligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
THE MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	63,230
THE MIXTER FUND "... the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	85,478
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143
FANNIE EDSON MORRISON FUND "Income ... for the support of the Social Service Department."	711,321
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717

	PRINCIPAL
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	10,880
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C.R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillips House nurses.	2,190
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation– *First*: Of the cause, treatment and prevention of recurrence of urinary stones, and *Second*: Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	21,051
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113
EDWARD PIERSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery–." Gifts of Dr. Richardson's Sons in Memory of their Father.	15,000

	PRINCIPAL
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	33,148
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chief of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142
THE MARIAN MAHIN ROBB MEMORIAL FUND Income for Cancer Research.	10,981
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,767
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children." Bequest of Philip L. Saltonstall.	5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,092,288
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	40,321
THE CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000
GEORGE C. AND ANNE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus Income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000
WALTER K. SHAW, JR., MEMORIAL FUND For medical oncology under the direction of the Chief of the Medical Service.	20,005

	PRINCIPAL
SHEPARD-GILL SCHOOL Income for operating. Louise A. Gautzbach, Sophie K. Rousmaniere and Helen Storrow Endowment Fund under the direction of Director of School.	136,812
SHEPARD-GILL SCHOOL Armenia Young Endowment Scholarship Fund under the direction of Director of School.	5,000
SHEPARD-GILL SCHOOL Shepard-Gill Revolving Loan Fund under the direction of Director of School.	4,804
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of Books on research, periodicals, reports or publications, etc.	1,820
ELSIE SKOLNICK MEMORIAL FUND Income or principal can be employed by Trustees to promote Hospital purposes or functions. Fund under direction of the Chief of Staff of the Vincent Memorial.	7,000
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
SOCIAL SERVICE FUND Income for Social Service.	131,015
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021
HOWARD W. AND ELIZA (PEASE) SPURR FUND Income for general purposes.	171,200
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	3,811

	PRINCIPAL
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	70,000
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,312
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department.	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	6,563
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	41,038
TREADWELL LIBRARY FUND Income for the Treadwell Library.	8,555
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
WALTER F. AND MABEL E. UNDERWOOD FUND Means for medical research for the care and prevention of children's diseases, particularly cancer.	50,000
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
VOLUNTEER DEPARTMENT FUND Income to further the work of the volunteer services.	2,047

	PRINCIPAL
FRANCIS KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren	30,000
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574
WETHERILL FUND Income to be used for the Wetherill Awards to graduates of the Massachusetts General Hospital School of Nursing.	2,000
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,818
GEORGE ROBERT WHITE FUND "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	100,000
DR. JAMES C. WHITE NEUROSURGICAL FUND Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,653
GEORGE WIGGLESWORTH FUND Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.	62,971
WOODEN LEG FUND Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600
TOTAL GENERAL HOSPITAL FUNDS	$28,612,743

FIDUCIARY FUNDS

	PRINCIPAL
DR. EDWARD CARLETON ATWOOD FUND Income payable to a life interest.	$ 588,919
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	7,521
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C.H.W. Foster.	15,000
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee, for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	14,329
FANNIE NEWALL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	414,495
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000

	PRINCIPAL
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000
SUSPENSE AND SPECIAL FUNDS	31,613
TOTAL FIDUCIARY FUNDS	$1,112,142

BUILDING FUNDS

GENERAL HOSPITAL	$7,016,240

McLEAN HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
For any Hospital purpose	$ 1,217,679

ENDOWMENT FUNDS

EDWARD STANLEY ABBOTT MEMORIAL FUND For scientific investigation at McLean Hospital.	10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation or patients.	21,135
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	6,234
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,199
EMILY MILLIKEN HALE MEMORIAL FUND To expedite the study of the nature and treatment of mental disorders.	154,500
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205

	PRINCIPAL
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	21,154
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	24,284
TOTAL ENDOWMENT FUNDS	877,910

FIDUCIARY FUNDS

MARION WETHERHILL ABBOTT MEMORIAL FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbott	$161,116

BUILDING FUNDS

McLEAN HOSPITAL	$509,821
TOTAL PRINCIPAL FUNDS	$52,417,755

TEMPORARY FUNDS

GENERAL HOSPITAL FUNDS

ENDOWMENT FUNDS	$ 1,786,558
FIDUCIARY FUNDS	42,158
SPECIAL PURPOSE FUNDS	3,692,371
OTHER	890,481

McLEAN HOSPITAL FUNDS

ENDOWMENT FUNDS	18,132
SPECIAL PURPOSE FUNDS	75,909
TOTAL TEMPORARY FUNDS	$ 6,505,609

SUMMARY

TOTAL PRINCIPAL FUNDS	$ 52,417,755
TOTAL TEMPORARY FUNDS	6,505,609
FUNDS INVESTED IN PLANT	63,315,706
GAINS	721,334
TOTAL OF ALL FUNDS	$122,960,404

GIFTS AND BEQUESTS 1971-1972
PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUNDS

FOR ANY HOSPITAL PURPOSE		
Bequests		$ 1,476,716.69
Gifts		72,317.08
		$ 1,549,033.77

ENDOWMENT FUNDS

THE FULLER ALBRIGHT FELLOWSHIP FUND		
Gift		$ 25.00
ARTHUR W. ALLEN RESIDENTS' TEACHING FUND		
In Memory of Mrs. Vida W. Allen	225.00	
Gifts	7,516.25	7,741.25
THE MRS. LARZ ANDERSON FUND		
Bequest of Mrs. Isabel Anderson		20,000.00
THE WILLIAM APPLEBAUM FUND		
Gift of Mrs. Sidney A. Eisemann		100.00
BAKER MEMORIAL FUND		
Bequest of Jessie H. Wilkinson Trust		8,524.16
BAKER MEMORIAL ASSISTANCE FUND		
In Memory of Mrs. Bertha Rosenblatt	316.00	
Gift	1,000.00	1,316.00
GERARDO M. & LILLIAN DOBIE BALBONI MEMORIAL FUND		
Gift		92.13
HENRY K. BEECHER LECTURESHIP FUND		
Gifts		9,408.21
THE EDWARD F. BLAND FUND		
In Memory of Roger Pickering	104.00	
Gifts	110.00	214.00
CANCER RESEARCH ENDOWMENT FUND		
In Memory of J. Lothrop Motley		367.38

IDA M. CANNON MEMORIAL FUND		
Bequest of Miss Marie E. Guillet		1,488.35
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND		
In Memory of Katherine D. Johnson	20.00	
Gift	1,000.00	1,020.00
THE DR. EDWARD D. CHURCHILL FUND FOR SURGICAL HOUSE STAFF		
In Memory of Harry A. Foley		155.00
GEBBIE FUND		
Gift		85,000.00
ISABELLE ORAM HERTELL FUND		
Gift		7,000.00
INCOME UNRESTRICTED FUNDS		
Bequest of Maud E. Appleton	465.89	
Bequest of Roger W. Babson	68,087.55	68,553.44
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND		
Bequest of Dr. Chester M. Jones	10,000.00	
Gifts	911.00	10,911.00
PHILLIP JOSLIN MEMORIAL FUND		
In Memory of Dorothy A. Joslin		410.50
THE VARAZTED H. KAZANJIAN FUND		
Gift		2,500.00
THE WALTER K. SHAW MEDICAL ONCOLOGY FUND		
Gifts		20,005.00
MARY LOU McCARTHY MEMORIAL FUND		
Bequest of Mary Lou McCarthy	5,000.00	
In Memory of Mary Lou McCarthy	2,272.00	
Gift	5,000.00	12,272.00
THE MITTON FUND		
Gifts		600.00
THE MIXTER FUND		
Gifts		600.00

OUTPATIENT CLINIC FUND		
Gift		1,000.00
MARIAN MAHIN ROBB MEMORIAL FUND		
Gift		200.00
SCHOOL OF NURSING SCHOLARSHIP FUND		
In Memory of Josephine K. Hurley	15.00	
In Memory of Ellwynne Vreeland	60.00	75.00
TERRY SHUMAN MEMORIAL FUND		
Gift		50.00
ELSIE SKOLNICK MEMORIAL FUND		
Gift		2,000.00
HOWARD W. & ELIZA ELBRIDGE SPURR FUND		
Bequest of Howard M. Spurr Trust		171,199.57
ROBERT H. STEVENSON MEMORIAL FUND		
Gift		10,000.00
GEORGE N. TALBOT FUND		
In Memory of Brian Edward Conroy		161.00
TREADWELL LIBRARY FUND		
Bequest of Mabel D. Reiner		1,000.00
VOLUNTEER DEPARTMENT FUND		
In Memory of Dominic DiGrampaolo	2.00	
In Memory of Mrs. Dorothy H. Stevens	575.00	
Gifts	344.00	921.00
UNRESTRICTED FREE BED FUND		
Bequest of Laura E. Stegner	91,715.57	
Bequest of Mrs. Alice M. Wentworth Trust	4,575.00	
Gift	100.00	96,390.57
SHEPARD-GILL SCHOOL		
Bequest of Mary D. Bolton	25,092.79	
Bequest of Hannah E. Phinney	17,550.00	
Gift	500.00	43,142.79
		$ 584,443.35

BUILDING FUNDS

CANCER AND RADIATION THERAPY CENTER		
Bequests	19,000.00	
Gifts	3,018,455.53	3,037,455.53

GRAY BUILDING FUNDS		
Bequest	310,883.44	
Gifts	78,117.48	389,000.92
MISCELLANEOUS BUILDING FUNDS		
Gifts		18,316.50
		$ 3,444,772.95

McLEAN HOSPITAL FUNDS

GENERAL FUNDS

FOR ANY HOSPITAL PURPOSE	
Bequests	843,248.35
Gifts	23,791.21
	$ 867,039.56

ENDOWMENT FUNDS

EMILY MILLIKEN HALE MEMORIAL FUND	
Bequest of Miss Emily Hale Trust	8,174.84
ANNABELLA McCRAE ENDOWMENT FUND OF THE SCHOOL OF NURSING	
Bequest of Margaret R. Bonnell	17,000.00
	$ 25,174.84

BUILDING FUNDS

CHILDREN'S CENTER	
Gifts	291,447.31
HALF-WAY HOUSE	
Gift	25,000.00
	$ 316,447.31
TOTAL PRINCIPAL FUNDS	$ 6,786,911.78

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

ANNUAL FREE BEDS FUND		
Gifts		$ 3,514.50
CURRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	15,413.05	
Gifts	125.00	
United Community Services	56,441.00	$ 71,979.05

MISCELLANEOUS FUNDS		
Bequest of Maud H. Bullard	30,000.00	
Bequest of Paul R. Bullard	7,500.00	
Bequest of Matilda J. Sutton	49,539.75	
Gifts	452,507.00	$ 539,546.75

FUNDS FOR SPECIAL PURPOSES

Bequests	15,260.00	
Gifts	1,646,471.44	
Grants – Government	13,154,110.35	
Grants – Foundations	821,205.45	$15,637,047.24

McLEAN HOSPITAL FUNDS

TREASURER'S FUNDS

CURRENT EXPENSE FUND		
United Community Services		$ 9,242.00

FUNDS FOR SPECIAL PURPOSES

Bequests	8,245.00	
Gifts	111,013.80	
Grants – Government	912,209.30	
Grants – Foundations	1,000.00	$ 1,032,468.10
TOTAL INCOME FUNDS		$17,293,797.64

SUMMARY

TOTAL PRINCIPAL FUNDS	**$ 6,786,911.78**
TOTAL INCOME FUNDS	**17,293,797.64**
TOTAL GIFTS AND BEQUESTS	**$24,080,709.42**

G. LAMAR CRITTENDEN
Treasurer

One Hundred and Fifty-fifth Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1972

Belmont, Massachusetts

Massachusetts General Hospital
McLean Hospital
OFFICERS OF THE INSTITUTION, 1973

Honorary President
Francis C. Gray

President
Edward L. Bigelow

Vice-President
Henry R. Guild

Treasurer
G. Lamar Crittenden

Secretary
Henry R. Guild, Jr.

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1947 John E. Lawrence, *Chairman,* 177 Milk Street 02109
1943 Lloyd D. Brace, 100 Federal Street 02110
1947 *Francis O. Schmitt, Ph.D., M.I.T. Neurosciences Research Program, 280 Newton Street, Brookline 02146
1955 Philip H. Theopold, 294 Washington Street 02108
1958 *Sidney R. Rabb, 393 D Street, Boston 02210
1962 Francis H. Burr, 225 Franklin Street 02110
1963 George Putnam, 265 Franklin Street 02110
1968 G. Lamar Crittenden, 100 Federal Street 02110
1969 Nelson Darling, Jr., 24 Federal Street 02110
1969 W. Nicholas Thorndike, 28 State Street 02109
1972 *S. Lang Makrauer, 75 Federal Street 02110
1973 *Mrs. R. Morton Claflin, 37 Chestnut Street 02108

Honorary Trustees

1962 Francis W. Hatch, 2300 Prudential Center 02199
1968 Francis C. Gray, 10 Post Office Square 02109
1968 Ralph Lowell, One Boston Place 02106
1969 Henry R. Guild, 100 Federal Street 02110

McLEAN HOSPITAL COMMITTEE

George Putnam, *Chairman*
Ralph Lowell, *S. Lang Makrauer, Francis O. Schmitt, Ph.D.
Sidney R. Rabb, Francis de Marneffe, M.D., *Secretary,*
Shervert H. Frazier, M.D.

*Appointed by the Governor of the Commonwealth

MASSACHUSETTS GENERAL HOSPITAL/McLEAN HOSPITAL
OTHER MEMBERS OF THE CORPORATION

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Mrs. Frank G. Allen
Mrs. Charles Almy
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John S. Ames, Jr.
Robert Amory, Jr.
O. Kelley Anderson
Alfred W. Baldwin
G. Storer Baldwin
Mrs. James T. Baldwin
Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
J. Howard Bushway
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Walter Cabot
Bushrod H. Campbell
John P. Chase
Theodore Chase
William H. Claflin
Ferdinand Colloredo-Mansfeld
Mrs. A. Werk Cook
Mrs. Charles A. Coolidge
Charles E. Cotting
Mrs. William C. Cox
Charles C. Cunningham
Mrs. Richard E. Danielson
Miss Betty Dumaine
William H. Driver, Jr.
Robert R. Duncan
Charles J. Dunn
William Ehrlich
Alexander Ellis, Jr.
Donald Falvey, Jr.
Mrs. Gardiner H. Fiske
Peter Fuller
M. Dozier Gardner
Mrs. Francis C. Gray
Mrs. Roland D. Grimm
Edward B. Hanify
Richard Harte, Jr.
Roy J. Heffernan, M.D.
Edwin W. Hiam
Mrs. Robert Homans
Gilbert H. Hood, Jr.
Harvey P. Hood
William T. Kemble
Sen. Edward M. Kennedy
Mrs. Wheaton Kittredge, Jr.
John H. Knowles, M.D.
Miss Aimee Lamb
Henry A. Laughlin
David S. Lee
Franklin A. Lindsay
Alfred L. Loomis
Joseph W. Lund
Joseph Mailman
Mrs. Charles E. Merrill, Jr.
James Jackson Minot
Colman Mockler
George Olmstead, Jr.
James H. Orr
Mrs. Stephen D. Paine
Miss Amelia Peabody
Mrs. Sumner Pingree
William N. Rand
Miss Anna P. Revere
Mrs. Karl Riemer
Mrs. Horatio Rogers
Samuel S. Rogers
Rt. Rev. Henry K. Sherrill
Richard A. Smith
Raymond D. Stevens
Judge Joseph L. Tauro
Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello
John B. Vernaglia, M.D.
Ralph B. Vogel
F. Frank Vorenberg
Jeptha H. Wade
Edward A. Weeks, Jr.
James O. Welch, Jr.
John P. Weitzel
George S. Weld

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S. in Psych. Nurs., M.S.H.A., F.A.C.H.A.

Comptroller
and
Assistant Director for Fiscal Affairs
Robert L. Murphy, A.B., M.B.A.

DIRECTORS OF DEPARTMENTS

Accounting
Robert L. Murphy, A.B., M.B.A.

Activity Therapies
Frances Palmer, B.S., O.T.R.

Building Service
James C. Shuttle

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Mary Branston, B.S. in Ed.,
A.D.A.(M.), R.D.

Laundry
Arnold O. Tompkins

Medical Records
Charlotte Lauritano, B.S.

Nursing
Mildred C. Makin, R.N., B.S. in N. Ed.,
Ed.M.

Patient Education
John F. Dunn, M.A.

Personnel
David W. Bohy, B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Professional Libraries
Hector Bossange, M.S.

Psychiatry
Shervert H. Frazier, M.D.

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Elena M. Volante, B.A.

Purchasing
Alexander Armour

Security
David B. Balise, R.N., B.S., M.P.H.

Social Work
Golda M. Edinburg, M.S. in S.S.

Volunteers
Anne K. Dunn, B.A.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 1, 1973

MEDICAL STAFF

Psychiatrist in Chief

Shervert H. Frazier, M.D.

Senior Consulting Staff

Mark D. Altschule, M.D.
Paul M. Howard, M.D.
Erich Lindemann, M.D.

Board of Consultation

Harry C. Solomon, M.D.
Paul D. White, M.D.

Director of Child Psychiatry

Silvio J. Onesti, M.D.

Psychiatrists

Edward M. Daniels, M. D.
Stanley H. Eldred, M.D.
Francis de Marneffe, M.D.
Leon Eisenberg, M.D.
Alfred H. Stanton, M.D.

Attending Psychiatrists

Martin A. Berezin, M.D.
Sidney Levin, M.D.
Merton J. Kahne, M.D.
William F. Murphy, M.D.
Irving Kaufman, M.D.
Norman E. Zinberg, M.D.

Associate Psychiatrists

Arthur J. Cain, M.D.
Irene Jakab, M.D.
Enid Caldwell, M.D.
Maria Lorenz, M.D.
Howard T. Hermann, M.D.
Harvey M. Shein, M.D.
Richmond Holder, M.D.
Maurice Vanderpol, M.D.
Phillip Isenberg, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Attending Psychiatrists

David Blau, M.D.
Peter B. Jenney, M.D.
Jo Anne Fineman, M.D.
Don R. Lipsitt, M.D.
Alan A. Stone, M.D.

Assistant Psychiatrists

Richard H. Bendt, M.D.
Robert Leff, M.D.
Jane M. Berman, M.D.
Paul E. McLean, M.D.
David Browne, M.D.
Amos Nahor, M.D.
Richard D. Budson, M.D.
Harry Penn, M.D.
Corbett Campbell, M.D.
Jalna Ann Perry, M.D.
Paul R. Dinsmore, M.D.
Phelps M. Robinson, M.D.
Robert Hopkins, M.D.
Ralph S. Ryback, M.D.
Philip Kelleher, M.D.
John B. Spillane, M.D.
Bernard S. Yudowitz, M.D.

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Jane Bain, M.D.
Ruth Tiffany Barnhouse, M.D.
Paul A. Buttenwieser, M.D.
Lloyd M. Caplan, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Peter T. Choras, M.D.
Maurice C. Cion, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Edwin M. Davidson, M.D.
Frederick Ehrlich, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Thomas Frank, M.D.
Leonard J. Friedman, M.D.
Max Geller, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Carolyn Ise, M.D.
Eda M. Kahana, M.D.
Melvin M. Kayce, M.D.
Arnold M. Kerzner, M.D.
George B. Lawson, M.D.
Zenos M. Linnell, M.D.
John B. Livingstone, M.D.
Nancy J. McDonnell, M.D.
Charles Middleton, M.D.
Martin A. Miller, M.D.
Egbert H. Mueller, M.D.
Donald Ottenstein, M.D.
Robert D. Patterson, M.D.
John K. Pearce, Jr., M.D.
Michael D. Robbins, M.D.
Alexandra Rolde, M.D.
Lucy Salomon, M.D.
Charles A. Schwartz, M.D.
Edward S. Schwartzreich, M.D.
Daniel Shaw, M.D.
Arnold Sheinis, M.D.
Michael A. Sperber, M.D.
Ruth Stauffer, M.D.
Larry H. Strasburger, M.D.
William D. Temby, M.D.
Jerry Wacks, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederic E. Whiskin, M.D.
Harold W. Williams, M.D.

Edward L. Zarsky, M.D.

**Clinical Fellows in Psychiatry*

Steve G. Agular, M.D.
Mary H. Collins, M.D.
Michael D. Daniels, M.D.
Johanna S. Gardner, M.D.
John M. Mols, M.D.
Lloyd F. Price, M.D.
Robert Weinstock, M.D.
Judith Yanof, M.D.

**Through June 30, 1973*

Resident Psychiatrists

Donald M. Allen, M.D.
Gerald M. Aronoff, M.D.
Daniel P. Asnes, M.D.
John H. Brandt, M.D.
Allan K. Chrisman, M.D.
Alan Cohen, M.D.
Kathleen E. Dempsey, M.D.
Stuart E. Edelman, M.D.
Alan R. Felthous, M.D.
Stephen N. Gerson, M.D.
Rhoda B. Goldwasser, M.D.
William B. Hawthorne, M.D.
Frederic L. Henderson, M.D.
William S. James, M.D.
Monte S. Kay, M.D.
Rona Bornstein Klein, M.D.
Louis E. Kopolow, M.D.
J. Peter Kulka, M.D.
Michael A. Levy, M.D.
Mark W. Mahnke, M.D.
J. Wayne Mathews, M.D.
A. William Menzin, M.D.
Zonda J. Mercer, M.D.
Wanda S. Needleman, M.D.
Michael Pearlman, M.D.
Stephen L. Powers, M.D.

Joseph S. Ratner, M.D.
Russell J. Ricci, M.D.
Kenneth M. Settel, M.D.
Walker E. Shields, Jr., M.D.
Jonathon P. Strang, M.D.
Roland H. Ungerer, M.D.
W. Merle Wallis, M.D.

DEPARTMENT OF MEDICINE

Coordinator of Medical Services
Lloyd G. Potter, M.D.

Clinical Assistant in Medicine
Robert D. Busiek, M.D.

Medical Technologists
Sister Rita Imelda Sullivan, B.S., R.M.T.
Virginia P. Gearin, B.S., M.T. (A.S.C.P.)

Physical Therapist
Sarah Lawthers, R.P.T.

Assistant Neurologist
Larry J. Embree, M.D.

Assistant Neurophysiologist
Michael Trachtenberg, Ph.D.

Consultant in Electroencephalography
John A. Abbott, M.D.

DENTAL MEDICINE

Assistant Dental Surgeon
Herbert J. Dorris, D.M.D.

RADIOLOGY

Associate Radiologist
Frederick S. Tomchik, M.D.

Radiologic Technologist
Joseph T. Lambie, Jr., R.T.

BIOLOGICAL RESEARCH LABORATORY

Director
Jordi Folch-Pi, M.D.

Neuropathologist
Alfred Pope, M.D.

Assistant Neuropathologist
Harvey M. Shein, M.D.

Associate Biochemists
Joseph Eichberg, Jr., Ph.D.
George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Victor E. Shashoua, Ph.D.
Pierre J. Stoffyn, Ph.D.

Assistant Biochemists
David S. Chan, M.S.
David Sakura, Ph.D.
Ann Marie Stoffyn, Ph.D.

DEPARTMENT OF ACTIVITY THERAPIES

Director
Frances Palmer, B.S., O.T.R.

Supervisors
Anna Louise Fuchs, M.Ed., O.T.R.
Morton A. Stone, M.Ed., C.A.G.S.

Activity Therapists
Anne Bickford, B.S., O.T.R.
Jonathan Bragdon
Carol Bunevich, B.A.
Terri Cohen, B.S., O.T.R.
Rosemary Goldford, B.A.
Davis Johnson, B.A.
Janice MacGregor, M.S.
Susan Needleman, B.S., O.T.R.
John Shank, B.S.
Ellen Silberberg, B.S.
Helen Spitzer, B.S., M.S.

Creative Arts
Helga Haendel

Manual Arts
Branislav A. Kevich, A.B.

Patients' Librarian
Brian Schoenberger, B.A.

Placement Resource Counselor
Joanne Small, Ed.M.

Psychomotor Therapists
Rufus Peebles, J.D.
Albert Pesso, B.A.

Rehabilitation Counselors

Albert Cater, Jr., B.S.
Janet Voelker, M.Ed.

DEPARTMENT OF NURSING

Director Emerita, School of Nursing and Nursing Service
Margaret C. Tibbetts, R.N., B.S. in N.Ed.

Director of Nursing
Mildred C. Makin, R.N., B.S. in Nsg. Ed., Ed.M.

Assistant Director for Nursing Administration
Rose Marie Hobson, R.N., B.S.N.

Administrative Assistants for Nursing

Vera K. Dunkley, R.N.
Mary Fuller, R.N.
Lois Hickey, R.N.
Audrey S. Hurley, R.N.
Virginia E. Ladd, R.N.
John P. Pitcherale, R.N., M.S.N.

Clinical Nursing Supervisors

Judith Copp, R.N., M.S.N.
Elizabeth C. Cox, R.N., B.S.N.
Joan K. DeJong, R.N., B.S.N.
Barbara Feldzon, R.N., B.S.N.
Marilyn E. Fitzgerald, R.N., M.S.
Janice L. Gibeau, R.N., B.A.
Charlene E. Miller, R.N., B.S.N.
Verne E. Moberly, R.N.
Carole Runquist, R.N.
Rebecca B. Welton, R.N., B.S.
Alice Zapasnik, R.N., B.S.

Head Nurse, Day Care
Audrey Mosher, R.N.

Head Nurse, Staff Clinic
Linda Rowe, R.N.

Coordinator of Training in Nursing Process
LaVonne E. Davidson, R.N., B.S. in N.Ed., M.S.N.

Instructor in Nursing Education
Maureen B. Streff, R.N., M.S.N.

Assistant Instructor in Nursing Education
Joanne Brody, R.N.

DEPARTMENT OF PATIENT EDUCATION

Director, Patient Education
Headmaster, Arlington School
John F. Dunn, M.A.

Deans

John B. Bowdoin, B.S.
Kenneth R. McElheny, M.A.

Instructors in English

Lynne A. Miller, M.A.T.
Patricia Neuman, M.A.
Cynthea Sexton, B.A.
Sayre P. Sheldon, M.A.

Instructors in Mathematics

Jeremiah McCarthy, M.Ed.
Linda Palmiter, B.A.
Homayoon T. Saghafi, M.S.
Ellen Urbon, B.A.

Instructor in French

Jean Abner Génecé, B.A.

Instructor in Spanish

Yves Nau, B.A.

Instructors in History

Joseph Aieta III, M.A.
Edward Morgan, M.A.
Detlev H. Suderow, B.A.

Instructor in Media, Creative Writing, and Dramatic Literature

William Redpath, M.F.A.

Instructors in Science

Jamie German, M.A.T.
Caroline S. Schastny, B.S.

Instructor in Music

Patricia A. Miller, B.M.

Instructor in Art

Joyce Morgan, M.A.

Librarian

Linda Roscoe, B.A.

Research Associate in Education

William C. Kvaraceus, Ed.D.

Associate Psychologist

Helen J. Kenney, Ed.D.

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Associate Psychologists

Richard J. Bonier, Ph.D.
David J. Ingle, Ph.D.
(Neuropsychology Laboratory)
Helen J. Kenney, Ed.D.
(Department of Education)
Brendon A. Maher, Ph.D.
Norbett L. Mintz, Ph.D.
Scott A. Reinhardt, Ph.D.
Robert D. Schnitzer, Ph.D.
Ralph G. Semon, Ph.D.

Assistant Psychologists

Sophie B. Mintz, Ph.D.
Judith Singer, Ph.D.
Marsha Vannicelli, Ph.D.

Post-Doctoral Fellows

Leslie Lothstein, Ph.D.
Gary A. Taylor, Ph.D.

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Director

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Supervisors

Shirley Goldstein, M.S.S.
Constance McGrath, S.M.
Martha M. Norton, M.S.W.
Anne Wallens, S.M. (Outpatient Clinic)

Coordinator of Admissions

Barbara Schwartz, S.M.

Research Social Worker

Mollie Grob, S.M.

Psychiatric Social Workers

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Darlene Bojrab, M.S.S.
Dana Connell, M.S.W.
Martha Curtis, M.S.W.
Irene Daitch, M.S. in S.S.
Gerard J. Daniels, M.S.W.
Rachel Eggert, M.S.S.A.
Sheryl Foti, M.S.W.
Marian Frick, S.M.
Shirley Greenberg, S.M.
Frances Grey, S.M.
Judith Haggerty, S.M.
Stella Hartz, M.S. in S.S.
Wendy Kelman, M.S. in S.S.
Margaret Reiser, M.S.W.
Carol Rubin, M.S.W.
Marsha Spector, M.S.W.
Penelope Tyson, S.M.
Helen Warren, S.M.
Eve Welts, M.S. in S.S.

Consultant in Group Work

Louise Frey, M.S.W.

Report of the Director

A Time of Change

The changing times have created many challenges for McLean Hospital. Like many institutions in the health-care field, we are operating in an increasingly complex environment marked by rising consumer expectations and demands for psychiatric service, expanding governmental involvement, changing legal and cost issues, and a host of other factors. Still other forces for change, as the report of the Psychiatrist in Chief indicates, are directly influencing the hospital's clinical, teaching, and research programs. The hospital is treating more patients than ever before. The length of inpatient stays continues to shorten. More alternatives to full hospitalization are being offered. And our treatment, training, and research efforts are increasingly being directed to community needs and societal problems where McLean's expertise can help. Finally, McLean and other health-care institutions are changing internally to meet the needs of the times, becoming highly complex organizations requiring more sophisticated techniques of management than ever before.

These issues were very much with us during the past fiscal year, which ended successfully with the hospital showing a small surplus and over 1,000 patients in active treatment. The external forces for change with which we had to deal, mounted and included, among others, federal guidelines for wage and price stabilization; certificate of need and pollution control regulations; and the Massachusetts Mental Health Act, which went into effect November 1, 1971, which radically redefines grounds on which patients can be admitted and retained by psychiatric hospitals.

New Psychiatrist in Chief

The single most significant event of the year was the appointment, on July 1, of Dr. Shervert H. Frazier as Psychiatrist in Chief at McLean and Professor of Psychiatry at the Harvard Medical School. His broad experience in diverse professional fields combined with his boundless energy assures a new era for McLean's clinical, teaching, and research programs. By year-end, in three short months, he had already made a significant impact on the hospital.

Organization and Administration

Other key appointments and matters relating to the organization of the hospital developed during the year. The report of the Harvard Laboratory of Community Psychiatry, whose services were sought by McLean to assist it in reappraising its organization and mission of serving the community in the years ahead, was received and will prove of tremendous value to the new Psychiatrist in Chief.

A further opportunity to review the internal organization of the hospital occurred when the rules and regulations for the McLean medical staff were rewritten in accordance with the new By-Laws of the MGH Corporation. As a result, a General Executive Committee was established at McLean analogous to that in effect at the Massachusetts General Hospital. This means that for the first time there is an Executive Committee of the medical staff of McLean representing their broad interests, which functions as a policy recommending body to the Psychiatrist in Chief and the Director and, through them, to the McLean Committee and the Board of Trustees. Lastly, the Utilization Review Committee, which coordinates the varied medical records and utilization review functions of the hospital, was reviewed and restructured under Dr. Robert Hopkins, its chairman.

The hospital took steps to implement its equal opportunities policy by developing an Affirmative Action Program and initiating a JOBS '70 Program to train disadvantaged individuals for mental health worker positions. Of the ten students enrolled in the latter training program, two graduated and six were still in training at year-end.

As key organizational posts developed during the year, individuals with strong leadership and expertise were sought. Upon the sad and untimely death of Mr. Thomas J. Burley, who served as hospital comptroller for 17 years, a successor was sought with a strong background in finance and financial management, with extensive experience in business, the cost-conscious concerns of which hospitals increasingly must share. That search ended with the appointment of Mr. Robert L. Murphy as comptroller and assistant director for fiscal affairs.

With the resignation of Dr. Lawrence A. Stone, director of planning for the Children's Center, the hospital began a search for a director of child psychiatry. By fiscal year-end, the appointment of a child psychiatrist with extensive clinical and teaching experience in the field was imminent.

Also during the year, Mr. Arthur Rosenberg, an attorney expert in matters of civil rights of patients, was employed to represent the director at commitment hearings under the new Massachusetts law.

Tribute for past leadership contributions to McLean was paid to Dr. Paul M. Howard upon his retirement at the end of 34 years of service. At a dinner at the Harvard Club, friends and associates honored Dr. Howard for his clinical and teaching skills and for his humanitarianism which had marked his long career at McLean in a variety of capacities including Acting Chief of Staff in the late 40's and early 50's, Associate Psychiatrist in Chief in the late 50's, and then Associate Director of Clinical Psychiatry.

New Services

The growing problem of alcoholism in our communities as well as increasing public awareness of the need for adequate treatment led the hospital to establish an alcoholic unit, the Appleton Treatment Center, in July. Within a short time, this unit was filled and it was clear that the hospital was meeting a desperately felt need by establishing under one roof and under the leadership of one psychiatrist, Dr. Ralph S. Ryback, all of the various treatment methods of particular benefit to the alcoholic patient.

With construction of the McLean Children's Center scheduled for completion in 1973, the hospital anticipates meeting the needs of another special group—troubled children. The Center will include a 40-bed inpatient hospital, and outpatient, day care, and school facilities. Due to rising construction costs, unanticipatable at its start, other facilities are being renovated to serve as the Center's offices and elementary school (West Cottage and the Basement of Upham, respectively).

Arlington School

Arlington School, McLean's accredited secondary school, began the fiscal year having just completed its tenth anniversary, with a student body of 85 and a faculty of nine full-time and four part-time teachers. Looking back, it was clear it was meeting its original mandate. It is accredited by the School Committee, Town of Belmont, and by the New England Association of Schools and Colleges. It is a member of the National Association of Independent Schools, the Independent School Association of Massachusetts, and the National Association of Principals of Schools for Girls.

Of the 79 students graduating 1967-71 whose post-McLean activities are known to us, 60 percent went on to higher education. The

same percent scored 500 or above on the College Entrance Examination Board Scholastic Aptitude Test verbal section, and 46 percent, 500 or above in math. In addition to traditional course offerings, a great variety of additional enriching courses and workshops, in keeping with student interests of the times, are provided. To assist the school in its endeavors, a Visiting Committee, the first for McLean, was appointed for the Arlington School. The hospital was fortunate to have Dr. Theodore Sizer, until recently dean of the Harvard Graduate School of Education, and now headmaster of Phillips Academy, in Andover, accept the chairmanship of the committee. Plans for its first meeting were underway at fiscal year-end.

Public Relations

Efforts to keep people informed about McLean and its services were directed to several groups in many different ways during the year. Biannual meetings of relatives of patients with the Director and Psychiatrist in Chief were initiated, and the resulting candid dialogue has been most valuable to the hospital, its patients, and their relatives.

Referring physicians received a report from the Director describing recent hospital developments to keep them abreast of the rapid changes at McLean. An exhibit on McLean's services for adolescents was a Blue Ribbon Award winner at the 1972 New England Hospital Assembly; and Berkeley House was the subject of a scientific exhibit at the 125th Annual Meeting of the American Psychiatric Association in 1972. Efforts were made to augment newspaper coverage of hospital services with better TV and radio coverage, resulting in some success. One indication is the fact that in the first few months of the new alcoholic unit's existence, the majority of inquiries came as the result of someone learning about the unit over the radio. Also, the hospital clinical staff has become increasingly active in speaking out on mental health issues through various news media, including the press, TV, and radio. Informational luncheons continued to be conducted at the hospital for mixed community groups and in Boston for groups of businessmen to acquaint the broader community with various hospital programs and plans.

With more of our patients living in the community while in partial-care programs, or rejoining the community after short in-hospital stays, educative communications to increase public understanding of mental illness is essential.

Volunteers and Auxiliary

The hospital's Volunteer Program continued to attract individuals from a wide range of communities increasing their understanding of the hospital and mental illness as they contributed valuable service. An average of 87 volunteers a month gave a total of 16,400 hours in a variety of clinical and other areas. This reflected an increase of 30 percent in the number of volunteers over the past year and a 52 percent increase in the number of hours of service. A Clinical Conference on the role of the volunteer at McLean underscored their invaluable therapeutic influence on patients.

The Auxiliary had a very active year which included such key projects as a series of seminars for the general public on mental health legislation, and various fund-raising projects which resulted in their presenting the hospital with a gift of $26,000.

Conclusion

Toward year-end, the hospital was preparing for a survey by the Joint Commission on Accreditation of Hospitals whose Accreditation Council for Psychiatric Facilities had recently established new more stringent standard and survey procedures. In anticipation of the new criteria, a comprehensive review of hospital operations was underway, and it looked as though McLean would satisfactorily meet them.

At year-end, it was clear that McLean was in a period of transition. We had changed much in the recent past and would change even more greatly in the years ahead. And this is as it should be. The life process of institutions, as with nature and people, is one of continuous change, readaptation and redirection to new potentials. It is this process in which we are engaged.

Throughout its past, McLean has benefited immeasurably from the interest and support of the Trustees and, particularly, of the McLean Committee. In a time of change, this is especially important and appreciated. Their continued support, together with that of the total hospital community, will be an invaluable asset as a new and exciting era begins at McLean.

FRANCIS de MARNEFFE, M.D.
Director

Report of the Psychiatrist in Chief

Patient Care

Providing high-quality treatment for all types of psychiatric illness has been a basic McLean objective since the hospital's beginning. While that objective has not changed, a number of new factors have caused us to reassess and change ways of achieving it.

First, there has been an escalating demand for psychiatric service. In the inpatient service alone, admissions increased 55 percent in the last five years from 305 in 1968 to 473 in 1972. And this past year, the preadmission service processed 1,534 inquiries for admission.

Second, the trend toward shorter periods of hospitalization is continuing, requiring more innovation in shorter-term treatment modalities.

Third, the mix of patients we are treating continues to change. For example, the proportion of adolescent patients has been rising for years and stands at about 40 percent today. Also, with more third-party reimbursement for psychiatric care, we are serving patients from a wider socio-economic background than ever before.

Fourth, a variety of factors—both clinical and financial—have created a need for more alternatives to full hospitalization. For every inpatient today, we have three to four in partial or aftercare programs.

Fifth, there has been a growing need to provide intensive psychiatric services for special health problems and groups in society—for example, children, the elderly, and those suffering from alcohol abuse.

And lastly, the proliferation of problems in a society undergoing dramatic change and upheaval has created a need for more involvement and sharing of our clinical expertise with other community institutions.

The hospital has moved to meet these challenges in several ways. Plans for streamlining our preadmissions service further and for implementing ways of achieving more rapid diagnostic evaluations are receiving top priority. Medical services capabilities were expanded by adding a new diagnostic laboratory, new radiographic equipment, and relocating several medical services into a centralized area.

All of the clinical departments are involved in using a wider range of therapeutic approaches which are more economical and appropriate to patients from different backgrounds. While there is continued

commitment to traditional intensive individual psychotherapy as a treatment modality, there is an increase in family, couple, and other therapy groups. Special attention is being given to crisis intervention techniques and shorter-term interactions.

Treatment teams for various groups involve professionals from all clinical departments—Activity Therapies, Nursing, Psychiatry, Psychology, Social Work. Doctors are sharing some of their traditional functions with other professionals. This is reflected also in a new patient-coordinator system implemented on our halls this year. Under this system, each patient is assigned to a member of the nursing staff who is the coordinator. The coordinator functions as an advocate for the patients assigned to him, making certain that all elements of the patient's treatment program are carried out. He discusses with each patient the everyday problems in living and working, pointing out the reality consequences of maladaptive behavior. He provides information to relatives regarding the patient and frequently is present during family visits. The patient coordinator has been delegated many of the traditional functions of psychiatrists, social workers, and clinical nursing supervisors, making more time available to them for teaching and supervisory responsibilities. Our goal is to maximize the skills and abilities of our staff at all levels in order to provide quality patient care for the increase in patient census and turnover. Another example concerns psychiatric aides, recently renamed mental health workers. For years, we have been extremely fortunate in employing mental health workers who are highly intelligent, university-trained, and able and interested in dealing with patients. To retain such workers and to provide them with more opportunity for professional and career growth, we have established a senior mental health worker category with more complex clinical work requirements.

One of the most marked changes in the area of patient care has been the steady expansion of McLean's partial and aftercare treatment programs. The first of these was the Day Care Center, established in 1958. This was followed by the Outpatient Clinic eight years ago. In 1970, we opened Berkeley House in Boston, which was the first psychiatric halfway house affiliated with a private psychiatric teaching hospital in the United States. And in 1971, we established the Adolescent Day Service Program. These programs have greatly increased the treatment options available to individuals in need of psychiatric service, and also the numbers of patients the hospital can serve. At year-end, upwards of 1,000 patients were in active treatment programs at McLean.

Special groups, for example, geriatric and adolescent patients, have long been served by McLean. Recently, perhaps reflective of burgeoning problems in the society, McLean has moved to meet the needs of several new groups. Its new hospital for children is in the final stages of construction, and a new unit to serve alcoholics was established this past summer under Dr. Ralph S. Ryback.

The new alcoholic unit, Appleton Treatment Center, exemplifies many of the changes we have been describing here. First, it is an example of our recognizing a societal problem to which we can make a contribution. Second, the unit offers a full range of partial, full, and aftercare treatment options. Third, the unit is using a great variety of innovative treatment modalities in addition to individual psychotherapy.

Teaching and Training

McLean trains a variety of mental health professionals and, increasingly, their programs involve training experience in community settings. The basic three-year residency program, which trains physicians to become psychiatrists, had 30 residents enrolled. The two-year adolescent psychiatry program, which trains psychiatrists to become experts in adolescent psychiatry, had 4 residents enrolled. All second- and third-year residents spend at least one day a week in community settings where they provide supervised consultations in junior high and high schools, court clinics, prisons, community mental health centers, halfway houses, community "multi-service" centers, and drug "hotlines."

McLean also offers predoctoral and postdoctoral programs in clinical psychology. Seven interns were in the former program and two in the latter this year. Various other graduate students did practicum training in clinical psychology.

Twenty-one social work graduate students from four affiliating colleges received their field training accreditation at McLean. Also, students in the baccalaureate and master's programs at Boston University School of Nursing, and the Massachusetts General Hospital and Peter Bent Brigham Hospital Schools of Nursing use McLean facilities for clinical experience in psychiatric nursing.

The rapidly changing modes of delivering mental health services, the development of new medical technologies, and the development of new social-psychological approaches to treatment are of such a magnitude that continuing education of our staff is of utmost importance. Each department has developed a nucleus of continuing education, which along with a variety of McLean-based workshops

and seminars, constitute the beginning of a continuing education center for all mental health workers.

Several other programs are directed to professionals working in the community. A two-week graduate course in mental retardation run jointly by McLean and the Walter E. Fernald State School was conducted four times during the year for physicians. McLean's School Consultation Program, directed by Maurice Vanderpol, M.D., is operating in 11 Massachusetts schools. The educational and consulting activities of its staff involve teachers, school administrators, students, and others in the school system. McLean's Training Institutes annually run a series of seminars for professionals in the field of education. Other community-oriented training programs have involved parole and probation officers, security officers of psychiatric facilities, and professionals working in community agencies serving alcoholics.

Research

Clinical Research

Scientific reassessment of treatment modalities and programs is an active function of departments such as Psychiatry, Psychology, and Social Work and also of various clinical programs. For example, there are ongoing studies on the process of psychotherapy with schizophrenic patients, and follow-up studies on the outcome of adolescents treated at McLean. A major research project at the Day Care Center is comparing the progress of consenting patients randomly assigned from the inpatient admission hall to day care or inpatient treatment. The study seeks more precise guidelines as to which patients are better or equally suitable for treatment in day service versus full inpatient status. Hospital efforts to monitor the effectiveness of its programs were further strengthened with the establishment of an Evaluative Service Unit in 1972. Its mission is to conduct studies in significant areas relevant to patient care, ongoing follow-up of discharged patients, and studies requested by the Utilization Review Committee.

Scientific Research

McLean's Research Laboratory, since its inception over 25 years ago, has been engaged in efforts to discover the workings of the brain, investigating the nervous system in health and disease by the tools of the basic medical sciences. This search continued during the past year. The main line of work has been in biochemical studies designed to elucidate various aspects of the structure, biochemistry,

and function of nerve tissue membrances and cells.

In studies on the biochemistry of membranes, significant progress was achieved in further definition of the precise chemical composition of the main constituents (proteolipids) of the myelin sheath which envelops many neurons. In other studies on brain lipids, ultramicro techniques have been developed which permit analysis of the chemical structure of extremely minute quantities of glycolipids. In studies on the biochemical counterparts of learning and memory carried out on goldfish, a search was initiated for protein changes that occur during learning. Preliminary studies indicate that an increase in protein synthesis occurs in association with learning in goldfish brain nerve endings (synaptosomes).

Biochemical studies have been carried out on neuron-like (neuroblastoma) and astrocyte-like (astrocytoma) cell lines, each derived originally from a single cell and growing in cell cultures. All of the astrocytoma cell lines showed higher levels of activity than found in adult brain of the enzymes (COMT and MAO) which metabolize certain of the brain neurotransmitters (the catecholamines, norepinephrine, and dopamine). This finding suggests that one function of normal astrocytes in brain may be to inactivate excess catecholamine released by neurons at synaptic endings. The astrocytoma and neuroblastoma cells were found to have distinct molecular forms of the enzyme (cyclic AMP phosphodiesterase or PD) that breaks down cyclic AMP, the intracellular "second messenger" by which many cells respond to certain hormones and neurotransmitters. Norepinephrine was found to stimulate selectively the synthesis of one of these forms of PD in astrocytoma cells. The results suggest that the neuronal and glial elements of the nervous system possess distinctly different forms of PD.

SHERVERT H. FRAZIER, M.D.
Psychiatrist in Chief

Report of the Administrator

The fiscal year ended on a sound financial basis with a net surplus of $14,113 compared with a projected budgeted deficit of $36,096. This favorable position resulted primarily from an increase in the daily census to 226, up thirteen from last year and eight over budget.

Following are some key factors in the financial picture for the year:

Total operating income increased $1,025,418 or 11.1 percent over last year. However, net operating income increased only $483,392 or 5.6 percent due to an unprecedented increase in deductions from income-free care, contractual allowances, and reserve for uncollectable accounts. These deductions of $1,129,068 represented 11.6 percent of total patient income compared with 6.7 percent last year. The inability of many patients to finance the full costs of their treatment programs, the continued inadequacies of hospitalization insurance programs, and the restrictive limitations on allowable costs permitted by reimbursement formulas have all contributed to this present situation.

Operating expenses increased $715,634 or 8.5 percent over last year, primarily in the area of salaries, wages, and other employee-associated expenses. For example, in the last quarter of 1971, the hospital granted employees an average 2.7 percent wage increase and on the advice of hospital actuaries had to increase substantially moneys necessary to fund the employee pension plan. In January, hospital contributions to the employee Blue Cross and social security programs increased; and employees for the first time were included under Massachusetts Unemployment Compensation provisions. At McLean, as is true of most hospitals and particularly psychiatric institutions, the major portion of operating expenses go to wages and other employee-associated expenses. This year, 81 percent of all operating expenses were so allocated.

Third-party payments continued to generate an increasing percentage of hospital income, despite the fact that insurance for psychiatric illness is less than adequate for patients with limited resources. Of the 473 inpatients admitted during the year, 87 percent were covered by some form of hospitalization insurance. The insurance recovery of $3,498,477 represented 40.6 percent of net patient billings compared with 31.2 percent last year and a gross dollar increase of $945,862. The advent of National Health In-

surance, development of Health Maintenance Organizations, and improving coverage for partial hospitalization programs will further accelerate this financing trend.

Net accounts receivable less current billing increased 17 percent to $2,163,651. As in previous years, this increase represents higher hospital charges, delays in third-party reimbursements, and difficulties in financing hospital charges, particularly out of current assets. Because of this increase in receivables, the hospital was placed in a case deficit position of $440,889 which was advanced by the treasurer's office for working capital.

Capital improvement expenditures totaled $419,899 or $77,247 more than was generated through depreciation funds. Activities focused primarily on the ongoing program of upgrading and refurbishing patient units; modernizing and centrally locating the medical type facilities of Radiology, Medical Clinic, Clinical Laboratory and Physical Therapy; finalizing Phase I on the AC modernization program with the installation of a 4,160 volt primary feeder; and remodeling Appleton House to accommodate the new alcoholic unit and night-care facilities. Depreciation funds are inadequate to meet ongoing capital needs with respect to expansion of clinical programs, continuing modernization of buildings, replacement of depreciable equipment, and the requirements of regulatory and approving agencies. The Plant and Operations Department has been upgraded to the point where all remodeling work can be handled internally at an estimated saving of 50 percent in project costs.

The non-clinical departments have operated effectively with minimal personnel turnover while meeting the challenges of providing logistical support to the expanding clinical programs and preparing for surveys by the Department of Public Health and the Joint Commission on Accreditation of Hospitals. Adequate space has become a problem for the Medical Records, Building Services, and Accounting Departments and should be partly resolved next year. The cafeteria will have to be expanded in the near future to meet the projected increase in staff and to accommodate an expanded patient food service program.

The illness and untimely death of Thomas J. Burley, comptroller, placed a severe strain on administration and the Accounting Department for most of the fiscal year. The untiring effort of all concerned resulted in the orderly, efficient, and timely carrying out of business office functions.

Implementation of Phase II regulations has required close monitoring of wage and fiscal policies and has necessitated numerous

conferences with legal counsel regarding the Wage and Salary Program, the January 6 rate increase, the year-end analyses of income and expense, the profit margin test, and overall wage costs as required by the Pay Board and the Price Commission.

With the end of one fiscal year and the beginning of another, it is clear that governmental control over hospital operations, both state and federal, is continually increasing while straining the manpower and fiscal resources of institutions and limiting options open to hospitals.

Approval and audit functions of the Rate Setting Commission over the Blue Cross contracts for participating and cooperating hospitals, the control of the Department of Public Health over hospital expansion and modernization through the Certificate of Need regulations, Wage and Price Controls, the Occupational Safety and Health Act, Pollution Control regulations, and the Utilization Review requirements of the Department of Public Health, Medicare, and Blue Cross all serve to highlight this ominous trend. However, it is also clear that in order to survive and expand, hospitals will have to be creative, imaginative, and recruit the necessary expertise to face ongoing problems and plan for future directions.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

TABLE I
Admissions to Inpatient Service, 1971-1972
by Previous Hospital Experience, Sex and Related Other Characteristics

SCHEDULE A: SOURCE	1st to Any				1st to McLean				Readm. to McLean				Total Admissions			
	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
Home	41	45	86	44	14	19	33	18	15	16	31	33	70	80	150	32
General Hospital	8	9	17	8	3	9	12	7	4	1	5	5	15	19	34	7
Psychiatric Hospital	1	–	1	1	24	29	53	29	1	5	6	6	26	34	60	13
Other and Not Determined	45	46	91	47	32	54	86	46	25	27	52	56	102	127	229	48
Total	95	100	195	100	73	111	184	100	45	49	94	100	213	260	473	100
SCHEDULE B: DIAGNOSIS																
Psychoses Associated with Organic Brain Syndromes	10	14	24	12	1	4	5	3	4	1	5	5	15	19	34	7
Non-psychotic Organic Brain Syndromes	2	4	6	3	1	4	5	3	3	1	4	4	6	9	15	3
Mental Retardation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Schizophrenia	36	28	64	32	41	49	90	49	24	22	46	49	101	99	200	42
Major Affective Disorders	2	2	4	2	5	7	12	7	2	5	7	7	9	14	23	5
Paranoid States	–	2	2	1	1	–	1	1	–	–	–	–	1	2	3	1
Neuroses	4	11	15	7	3	8	11	6	–	3	3	3	7	22	29	6
Personality Disorder and Special Symptoms	37	27	64	33	19	25	44	24	11	13	24	27	67	65	132	28
Transient Situational Dist.	3	7	10	5	–	3	3	1	–	–	–	–	3	10	13	3
Other Psychoses	1	5	6	5	2	11	13	6	1	4	5	5	4	20	24	5
Total	95	100	195	100	73	111	184	100	45	49	94	100	213	260	473	100
SCHEDULE C: AGES																
12-20	43	36	79	41	25	28	53	29	11	6	17	18	79	70	149	32
21-30	14	18	32	16	26	27	53	28	11	11	22	23	51	56	107	23
31-40	11	7	18	9	9	16	25	14	7	10	17	18	27	33	60	13
41-50	6	5	11	6	6	16	22	12	3	7	10	11	15	28	43	9
51-60	6	4	10	5	2	5	7	4	4	5	9	10	12	14	26	5
61-70	5	6	11	6	4	13	17	9	4	6	10	11	13	25	38	8
71-80	6	16	22	11	1	6	7	4	2	3	5	5	9	25	34	7
81-and-up	4	8	12	6	–	–	–	–	3	1	4	4	7	9	16	3
Total	95	100	195	100	73	111	184	100	45	49	94	100	213	260	473	100

MCLEAN

TABLE II – INPATIENT POPULATION 1972

CHARACTERISTIC	Beginning of Year October 1, 1971				Admitted During Year			
Total Number	In Hospital–207 On Visit –159				473			
Sex								
Male	163		45%					
Female	203		55%					
Age	M	F	T	%	M	F	T	%
12-20	71	64	135	37	79	70	149	32
21-30	51	47	98	27	51	56	107	23
31-40	16	30	46	13	27	33	60	13
41-50	6	20	26	7	15	28	43	9
51-60	5	17	22	6	12	14	26	5
61-70	6	11	17	4	13	25	38	8
71-80	3	10	13	3	9	25	34	7
81-Up	5	4	9	3	7	9	16	3
Total	163	203	366	100	213	260	473	100
DIAGNOSES								
Psychoses associated with Organic Brain Syndrome	5	6	11	3	15	19	34	7
Non-psychotic Organic Brain Syndrome	2	8	10	3	6	9	15	3
Mental Retardation	0	0	0	0	0	0	0	0
Schizophrenia	99	104	203	55	101	99	200	42
Major Affective Disorders	5	7	12	4	9	14	23	5
Paranoid States	1	3	4	1	1	2	3	1
Neuroses	5	14	19	5	7	22	29	6
Personality Disorders and Special Symptoms	26	38	64	17	67	65	132	28
Transient Situational Disturbances	14	12	26	7	3	10	13	3
Other Psychoses	6	11	17	5	4	20	24	5
Total	163	203	366	100	213	260	473	100

HOSPITAL

BY SELECTED CHARACTERISTICS

Discharged During Year	Remaining At End September 30, 1972		Change During Year	
	In Hospital	240	+33	+34
439	On Visit	160	+1	
		400		

M	F	T	%	M	F	T	%	M	F	T
70	79	149	34	80	55	135	35	+9	−9	0
47	51	98	22	55	52	107	28	+4	+5	+9
25	31	56	13	18	32	50	13	+2	+2	+4
15	23	38	9	6	25	31	7	0	+5	+5
9	12	21	5	8	19	27	6	+3	+2	+5
12	21	33	7	7	15	22	5	+1	+4	+5
8	18	26	6	4	17	21	4	+1	+7	+8
10	8	18	4	2	5	7	2	−3	+1	−2
196	243	439	100	180	220	400	100	+17	+17	+34
17	20	37	8	3	5	8	2	−2	−1	−3
6	7	13	3	2	10	12	3	0	+2	+2
0	0	0	0	0	0	0	0	0	0	0
85	89	174	40	115	114	229	57	+16	+10	+26
8	6	14	3	6	15	21	6	+1	+8	+9
1	2	3	1	1	3	4	1	0	0	0
8	23	31	7	4	2	17	4	−1	−1	−2
56	67	123	28	37	36	73	17	+11	−2	+9
9	12	21	5	11	10	18	5	−6	−2	−8
6	17	23	5	4	14	18	5	−2	+3	+1
196	243	439	100	180	220	400	100	+17	+17	+34

TABLE III
DISCHARGES FROM INPATIENT SERVICE 1971-1972
BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION	Male	Female	Total	% of Total
Home (Parental or Marital)	110	152	262	60
Psychiatric Hospital (or Psychiatric Wing of General Hospital)	27	26	53	12
General Hospital or Nursing Home	14	24	38	9
School	5	4	9	2
Foster Home	0	1	1	1
Deceased	5	4	9	2
Own Apartment	16	15	31	7
Others	15	8	23	5
Half Way House	4	9	13	2
Total	196	243	439	100
CONDITION				
Recovered	6	3	9	2
Much Improved	25	42	67	15
Moderately Improved	51	77	128	29
Slightly Improved	45	44	89	20
Unimproved	63	65	128	29
Worse	1	3	4	1
Deceased	5	5	10	2
N.D.	0	3	3	1
Others	0	1	1	1
Total	196	243	439	100
LENGTH OF HOSPITALIZATION ON BOOKS				
1-10 Days	16	19	35	8
11-30 Days	28	24	52	12
31-90 Days	53	74	127	28
91-180 Days	22	33	55	13
181-365 Days	36	32	68	15
1-2 Years	23	46	69	16
2-5 Years	15	10	25	6
5 and Over	3	5	8	2
Total	196	243	439	100
LENGTH OF HOSPITALIZATION IN RESIDENCE				
1-10 Days	18	19	37	9
11-30 Days	37	34	71	16
31-90 Days	69	110	179	41
91-180 Days	24	41	65	15
181-365 Days	18	21	39	9
1-2 Years	19	13	32	7
2-5 Years	6	6	12	2
5 and Over	2	2	4	1
Total	193	246	439	100

McLean Hospital
STATEMENT OF DIRECTOR'S EQUITY
September 30, 1972

ASSETS

Cash		146,659.20
Accounts Receivable-Patients		
Current Month's Billing	730,027.63	
In House Accounts-Overdue	1,391,494.67	
Discharged Accounts	928,256.91	
Due from Medicare	137,784.96	
Out Patient Clinic	58,100.83	
Total	3,245,665.00	
Less Reserve for Doubtful Accounts	(351,986.72)	2,893,678.28
Accounts Receivable-Miscellaneous		36,032.86
Inventories-Materials and Supplies		103,261.96
Prepaid Items		(23,500.11)
TOTAL ASSETS		3,156,132.19

LIABILITIES

Accounts Payable	320,530.40	
Federal and State Taxes Payable	48,047.92	
Blue Cross/Blue Shield Premiums Payable	10,762.99	
Deferred Income-Special Funds	92,010.29	
Deferred Income-Other	(8,913.50)	
Reserve for Workmen's Compensation	25,000.00	
Reserve for Unemployment Compensation	13,098.17	
Reserve for Blue Cross Allowance	68,500.00	
Reserve for Life Insurance Employees	14,893.81	
Reserve for Liability Insurance	(2,557.30)	
Reserve for Pensions-Special Funds	5,725.95	
Fiduciary Exchange Accounts	(45,757.26)	
TOTAL LIABILITIES		540,794.51

TREASURER'S EQUITY

Treasurer's Equity as of September 30, 1971	2,140,178.18	
Add: Cash from Treasurer Year to Date	1,750,000.00	
Cumulative Depreciation	342,652.30	
TOTAL	4,232,830.48	
Less: Operating Surplus or (Deficit)	(35,689.23)	
Disbursements-Special Funds Year to Date	(1,162,452.03)	
Disbursements-Capital Additions Year to Date	(419,898.50)	
Treasurer's Equity as of September 30, 1972		2,614,790.72
TOTAL LIABILITIES AND TREASURER'S EQUITY		3,156,132.19

McLean Hospital
OPERATING STATEMENT

	Current Year October 1, 1971 Sept. 30, 1972	Previous Year October 1, 1970 Sept. 30, 1971
CENSUS		
Patient Days	82,810	77,795
Average Daily Census	226	213
Percent of Occupancy (Complement 247 beds)	92	86
INCOME		
Room and Care	7,528,212.46	6,771,947.46
Day and Night Care	608,808.00	535,813.00
Outpatient Clinic	359,248.00	205,344.00
Other Patient Income	1,371,660.00	1,254,682.42
Other Non-Patient Income	501,102.98	457,846.69
TOTAL OPERATING INCOME	10,251,051.86	9,225,633.57
DEDUCTIONS FROM INCOME		
Free Service-Inpatients	418,061.78	257,099.00
Free Service-Day and Night	29,312.00	13,359.00
Free Service-Outpatient Clinic	220,780.37	105,781.34
Medicare Allowance	68,369.80	36,136.29
Blue Cross Allowance	105,385.35	
Courtesy Allowance	9,034.00	9,504.00
Provision for Doubtful Accounts	278,124.59	165,162.00
TOTAL DEDUCTIONS FROM INCOME	1,129,067.89	587,041.63
NET OPERATING INCOME	9,121,983.97	8,638,591.94
EXPENSES		
Salaries and Wages (Nursing)	2,595,213.58	2,440,575.80
Salaries and Wages (Other)	4,031,717.23	3,788,353.24
Supplies	727,084.47	709,391.42
Outside Services	438,106.63	409,512.87
Depreciation	342,652.30	319,800.71
Other Expenses	1,022,898.99	774,405.24
TOTAL EXPENSES	9,157,673.20	8,442,039.28
OPERATING SURPLUS OR (DEFICIT)	(35,689.23)	196,552.66
OTHER INCOME		
Treasurer's Income	92,533.76	92,442.30
Less Treasurer's Expense	42,731.22	28,081.89
NET TREASURER'S INCOME	49,802.54	64,360.41
SURPLUS OR (DEFICIT)	14,113.31	260,913.07

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*).
McLean Hospital is indicated by (McL).

The following abbreviations are used:

B.C.H. – Boston City Hospital, 818 Harrison Ave., Boston, Mass. 02118
B.H.H.C. – Bunker Hill Health Center, 73 High Street, Charlestown, Mass. 02129
B.I.H. – Beth Israel Hospital, 330 Brookline Ave., Boston, Mass. 02215
B.H.W. – Boston Hospital for Women, Lying-In Division, 221 Longwood Ave., Boston, Mass. 02115
B.U.H. – Boston University Hospital, 750 Harrison Ave., Boston, Mass. 02118
C.H.M.C. – Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass. 02115
D.S.H. – Danvers State Hospital, 450 Maple Street, Danvers, Mass. 01923
H.M.S. – Harvard Medical School, 25 Shattuck Street, Boston, Mass. 02115
H.S.D.M. – Harvard School of Dental Medicine, 188 Longwood Ave., Boston, Mass. 02115
H.S.P.H. – Harvard School of Public Health, 55 Shattuck Street, Boston, Mass. 02115
L.M.H.C. – Lindemann Mental Health Center, Government Center, Boston, Mass. 02114
L.S.H. – Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass. 02130
McL. – McLean Hospital, 115 Mill Street, Belmont, Mass. 02178
M.E.E.I. – Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass. 02114
M.G.H. – Massachusetts General Hospital, Fruit Street, Boston, Mass. 02114
M.I.T. – Massachusetts Institute of Technology, 77 Massachusetts Ave., Cambridge, Mass. 02139
M.M.H.C. – Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass. 02115
N.E.C.H. – New England Center Hospital, 171 Harrison Avenue, Boston, Mass. 02111
N.E.D.H. – New England Deaconess Hospital, 16 Deaconess Rd., Boston, Mass. 02215
P.B.B.H. – Peter Bent Brigham Hospital, 721 Huntington Avenue, Brookline, Mass. 02115
R.B.B.H. – Robert Breck Brigham Hospital, 125 Parker Hill Avenue, Roxbury, Mass. 02120
R.F. – Retina Foundation, 20 Staniford Street, Boston, Mass. 02114
S.B.I. – Shriners Burns Institute, 41 Blossom Street, Boston, Mass. 02114
V.A.H. (W.R.) – Veterans Administration Hospital, 1400 V.F.W. Parkway, West Roxbury, Mass. 02132

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Findlay, Francis McR.
Scottsdale
Sussman, Marcy L.
Tucson
Madden, John W.
Miller, William L.
Reid, Duncan E.
van Ravenswaay, Arie C.

ARKANSAS
Jacksonville
Kotner, Lawrence M., Jr.
Little Rock
Diner, Wilma J.
Flacke, Joan W.
Haut, Arthur
Thompson, Samuel B.

CALIFORNIA
Aptos
Fowler, Charles B.
Belvedere
Merrill, Bruce R.
Berkeley
Cheney, Marshall C.
Perkins, William A.
Richards, Dexter N., Jr.
Beverly Hills
Ilfeld, Frederick W.
Marcy, S. Michael
Mathews, Samuel S.
Bishop
Sheldon, David B.
Burbank
Andros, George
Carmel
Bisgard, James D.
Frost, Robert G.
Tileston, Wilder
Chatsworth
Holtz, Albert I.
Chula Vista
Goettsch, Elvira
Concord
Battat, Felix A.
Costa Mesa
Owyang, Pauline
Davis
Dreyfus, Pierre M.
Spann, James F., Jr.
Downey
Stiles, Claire M.
Duarte
Rosen, Robert B.
Emeryville
Donovan, Woodrow M.
Fairfield
Katz, Allan M.
Fontana
Papazian, Clement E.
Fresno
T'an, Chung-Chang
Glendale
Billig, Harvey E., Jr.
Greenbrae
Burke, Mervyn F., Jr.
Huntington Beach
Meister, Lester
La Canada
Chai, Joyce K. Wong
Laguna Hills
Golden, Ross
La Jolla
Barondes, Samuel H.
Craddock, Charles G., Jr.
Shean, Fredric C.
Stokes, Joseph III
Thomas, Arthur D.
Loma Linda
Livesay, Richard W.
Long Beach
Ellery, Sidney W.
Legge, Robert F.
Rose, Augustus S.
Los Altos
Holtzman, Jay H.
Los Angeles
Ackerman, Irving P.
Ayres, Samuel, Jr.
Bell, Carol A.
Boyes, Joseph H.
Cahan, Leslie D.
Chaffin, George L.
Chapman, C. Ethelyn
Cozen, Lewis N.
Forrester, Deborah M.
Henderson, Brian E.
Langer, Glenn A.
Lawrence, John S.
Mason, Earle D.
McKeever, Francis M.
Mills, Lloyd, Jr.
O'Connell, Theodore X.
Pearson, Carl M.
Rosen, Victor J., Jr.
Rosenkrantz, Jens G.
Ruzumna, Lawrence
Scholl, Albert J.
Shine, Kenneth I.
Solomon, James
Urist, Marshall R.
Warren, Stafford L.
Wilson, John C., Jr.
Los Gatos
Stiff, Donald W.S.
Menlo Park
Montgomery, Orland F.
Valdee, Milton V.
Mill Valley
Layzer, Robert B.
Shupack, Melvyn B.
Modesto
Galbraith, Nicoll F., Jr.
Newport Beach
Glueck, Michael A.
North Hollywood
Stout, Kenneth L.
Novato
Haswell, Howard P.
Oakland
Dunn, Fa-Chi
Graeser, James B.
Hunt, Richard T.N.
Larkey, Jefferson
Leeper, Roy W.
McNie, Allan B.
Orski, Barbara M.
Schoen, Edgar J.
Splithoff, Clarence A.

Ojai
Atsatt, Rodney F.

Orinda
Thomas, Robert L.
Zwerdling, Michael A.

Pacific Palisades
Sanders, R. Wyman
Palo Alto
Bennion, Lynn J.
Bunker, John P.
Cohn, Roy B.
Diamond, David B.
Hawkins, Ralph L.
Hovspian, Jeannette A.
Josse, John W.
Klainer, Laurence M.
Korn, David
Kosek, Margaret S.
Kuldau, John M.
Leiderman, P. Herbert
Newell, James W.
Noe, Joel M.
Perlstein, George
Tanner, Joseph B.
Palos Verdes Peninsula
Barrett, Peter Van D.
Panorama City
Zawacki, Bruce E.
Pasadena
Cosby, Richard S.
Dole, Kenneth L.
Gentry, Robert W.
House, James N.
Pebble Beach
Dewey, Edward B.
Pomona
Wilcox, John C.
Redwood City
Seltzer, Ronald A.
Soholt, Stanley T.
Sacramento
Horn, Carl E.
San Diego
Arthur, Ransom J.
Brannon, Leland C.
Garrity, Richard W.
Gittes, Ruben F.
Howland, John
McCullough, David L.
McLaughlin, Ambrose P. III
Peabody, Homer D., Jr.
Riddle, David E.
Schauble, James F.
Smith, N. Ty
San Francisco
Alston, Edwin F.
Asbury, Arthur K.
Baringer, J. Richard
Barnett, Charles G.
Bengle, Armand L., Jr.
Cline, John W., Jr.
Dillon, Victor M.
Dresel, Rudolph L.
Duff, Arthur W.
Finley, Knox H.
Fisher, David A.
Fishman, Robert A.
Freed, Curt R.
Guarino, Arthur V.
Harrison, Marlow B.
Hartwig, Arthur R.
Jackranich, Richard F.
Jergesen, Floyd H.
Levin, Victor A.
Levy, S. William
Makel, Harry P.
Mellinger, George W.
Moffitt, Herbert C., Jr.
Nelson, Clarence E.
Noble, Charles A., Jr.
Perry, John W.
Pillsbury, Philip L.
Quinn, Thomas J., Jr.
Roe, Benson B.
Rosenman, Leonard D.
Rosenoer, Leonie M.L.
Rowe, John C.
Rukes, J. Max
Sampson, John F.
Sams, Bruce J., Jr.
Shaw, Edward B.
Shaw, Joseph L.
Smith, Curtis E.
Smith, Lloyd H., Jr.
Starke, Rodman D.
Uyeda, Clifford I.
White, Laurens P.
Williams, Hibbard E.
Wilson, Edward H., Jr.
San Jose
McCort, James J.
San Luis Obispo
Spangler, Paul E.
San Mateo
Campbell, Charles R.
Hills, Oscar W.
Kenner, Gerald
Morrison, Gordon M.
Ratcliffe, John W.
Smith, Charles M.
San Rafael
van Ravenswaay, Theodore
Santa Barbara
Luikart, Ralph H. II
Tanner, James W.
Vitt, Robert P.
Santa Cruz
Blade, William R.
Rider, Robert F.
Santa Monica
Kark, R.A. Pietre
Skinner, Donald G.
Santa Rosa
Keller, Albert R.
Sweat, R. Earle
Sausalito
Ricks, William B.
Stanford
Federman, Daniel D.
Jackson, Stephen H.
Lindemann, Erich
Schimke, Robert T.
Stockton
Barth, Tucker A.
Brewster, Henry H.
West, Weldon W.
Tiburon
Alexander, William
Torrance
Cheer, Sheo-Nan
Leake, Donald L.
Leake, Rosemary D.
Moyer, Dean La R.
Truckee
Pier, Gardner
Vallejo
Mead, Sedgewich
Ventura
James, William J.
Woodland
Ryan, Kevin G.
Thomson, Captane P.

COLORADO
Boulder
Bedell, Richard F.
McFarland, Robert B.
Colorado Springs
Donald, James H.
Denver
Brown, Robert K.
Burrington, John D.
Claman, Henry N.
Cunningham, Thomas D.
Duritz, Gilbert
Eckhardt, Lloyd O.
Eiseman, Ben
Elrick, Harold E.
Elsey, Edward C., Jr.
Fennell, Robert H., Jr.

Franz, Elmer M.
Hermann, Gilbert
Highbee, Daniel R.
Hughes, Harry C.
Jobe, Merrill C.
Lehman, Ralph A.W.
Leidholt, John D.
MacMillan, Hugh A.
Matchett, Foster L.
Mitchel, Duane H.
Nellhaus, Gerhard
Organick, Avrum B.
Packard, George B.
Rhine, Mark
Robinson, William A.
Singleton, John W.
Taunton, Oscar D.
Toll, Giles D.
Waddell, William R.
Zwillich, Clifford W.

Englewood
Biddinger, John E.

CONNECTICUT

Bridgeport
Flagg, James A.

Colebrook
Ragland, Stuart, Jr.

Collinsville
Griggs, John B.

Danbury
Fornshell, Robert P.
Sweet, Paul L.

Fairfield
Brauner, Gary J.

Farmington
Pike, Maurice M.

Hartford
Bower, Bruce F.
Donovan, James F.
Fairlie, Chester W., Jr.
Fox, Brendan M.
Freymann, John G.
Greene, Gerald S.
Hepburn, Robert H.
Johnson, Paul R.
McPherson, Sidney R.
Moloney, David R.
Ogden, Ralph T.
Seigle, Stewart P.
Stolman, Joseph M.
Sweet, Elliott B.
Thomas, John B.
Wood, Edwin C.

Manchester
Breer, Robert D.

Milford
Timm, Alexander B., Jr.

New Britain
Bosco, Harold F.

New Canaan
Hiden, Robert B.

New Haven
Abrahamian, H. Arto
Cook, Charles D.
Ewell, John W.
Farmer, Douglas A.
Fuldner, Russell V.
Glenn, William L.
Greene, Nicholas M.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Kneisel, John L.
Levy, Steven T.
Meigs, J. Wister
Morris, John McL.
Rogers, Orville F.
Schuntermann, Peter P.E.
Smith, Howard W.
Thach, William T., Jr.
Whitford, Warren

New London
Barry, Richard M.
Jones, William N.

Noank
Sutphen, John H.

Norwalk
Mulford, Edwin H. II

Sharon
Gevalt, Frederick C., Jr.

Southport
Harris, H. Patterson, Jr.

Stamford
Healey, James C.
Kraut, Herbert L.

Stratford
Licciardello, Anthony T.

Wallingford
Smith, Robert P.

Washington
Tenney, Benjamin

Waterbury
Harty, John E.

Watertown
Cole, Clarence H.

West Hartford
Coley, Mary S.
Klein, Michael D.
Riege, David H.

West Haven
Boger, William P.
Gordon, Philip S.

Woodbridge
Stern, Robert

Woodstock
Forbes, Cecile P.

DELAWARE

Wilmington
Beck, Laurence H.
Maroney, John W.

DISTRICT OF COLUMBIA

Black, Peter M.
Breslow, Alexander
Cantor, Frederick K.
Chen, Lincoln C.
Coleman, Roy M.
DePriest, Oscar S.
Edmonds, Henry W.
Greene, Mark H.
Halsted, James A.
Hayden, Jay G.
Herrman, John B.
Hobson, Lawrence B.
Jessner, Lucie
Kennedy, L. James
Koppel, Elizabeth A.
Luessenhop, Alfred J.
Marier, Robert L.
McCune, William S.
Miller, R. Bretney
Newhouse, Jeffrey H.
Perpich, Joseph
Randolph, Judson G.
Raphling, David L.
Ruffin, Marshall deG.
Rutman, Joel
Sabin, Hilbert S.
Seaman, William E.
Tabor, Celia W.
Tobin, William J.
Vidal, Camilo
Watts, James W. II
White, Alan F.
Wood, William E.

FLORIDA

Boca Raton
Saunders, George M.

Clearwater
Logue, Patrick J.
Coral Gables
Keiser, Robert P.
Webster, Henry de F.
Delray Beach
Howard, Herbert H.
Fort Lauderdale
Simon, Royal L.
Fort Pierce
Waring, Elmar S.
Gainesville
Collins, George H.
DeBusk, Franklin L.
Kaufman, Herbert E.
Keitt, Alan S.
Lowe, Charles U.
Schiebler, Gerald L.
Georgetown
Sheldon, Charles P.
Jacksonville
Davis, James McC.
Lakeland
Fuller, Henry
Lighthouse Point
Stewart, John D.
Miami
Ackerman, A. Bernard
Ehrenkranz, Nathaniel J.
Justi, Raymond A.
Levey, Gerald S.
Nathan, Martin J.
Sanders, Jay H.
Miami Beach
Caplan, Lewis
Greenberg, Jack J.
Grossman, Milton S.
Miami Shores
Hoffman, Nancy D.
Orlando
Broome, Robert A.
Eliscu, Edward H.
Thompson, Edgar B. III
Ormond Beach
Bullwinkel, Bob
Pensacola
Holmes, S. Grant
St. Petersburg
Baker, William G., Jr.
Sarasota
Clement, S. Preston, Jr.
Lewis, Allen S.
Vance, Robert G.
Tallahassee
Fort, Frank L.
Tampa
Drewry, Garth R.
Venice
Baxter, Cecil F.
Radcliffe, Ernest J.
Warrington
Graybiel, Ashton
West Palm Beach
Bercu, Barry B.

GEORGIA
Athens
Talmadge, Sam M.
Atlanta
Buchanan, Thomas M.
Clairborne, T. Sterling
Cobbs, Beverly W., Jr.
Dillon, Harold T., Jr.
Dimon, Joseph H. III
Donnelly, Elwin W.
Ferguson, Ira A., Jr.
Goldberg, Leon I.
Goldman, Donald A.
Krogstad, Donald J.
Liss, Robert A.
McPhedran, Alexander M.
Trowbridge, Frederick L.
Tuttle, Elbert P., Jr.
Augusta
Haas, Melvyn L.
Carrollton
Brock, Benjamin L.
Columbus
Vaughan, Robert H.
Decatur
Bartlett, Walter M.
Campbell, Carlos C.
McFarland, James C.
East Point
Tucker, Robert P.
Fort Benning
Ostheimer, Gerard W.
Fort Stewart
Bittar, David A.
Gainesville
Banks, Rafe, Jr.
La Grange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Savannah
Brown, F. Bert
Carlton, Frank E.
Sea Island
Wood, James A.
Smyrna
Eaton, S. Boyd

HAWAII
Honolulu
Dodge, Richard S.
Marvit, Robert C.
Severson, Larry J.
Stewart, Steele F.
Straehley, Clifford J., Jr.
Wong, Livingston M.F.
Yee, Lester P.K.

ILLINOIS
Belleville
Pollack, James A.
Chicago
Barsch, John H.
Braudo, Joseph L.
Brown, R. Gordon
Coolidge, Thomas B.
DeGroot, Leslie J.
Dohrmann, George J.
Drachman, David A.
Freinkel, Ruth K.
Goulian, Mehran
Howe, Henry F.
Kahan, Barry D.
Meyer, Harold I.
Mixter, George, Jr.
Nilges, Richard G.
Oparil, Suzanne
Paul, Oglesby
Pietra, Guiseppe G.
Rabinowitz, Murray
Replogle, Robert L.
Richmond, M. Barrie
Rosenberg, Irwin H.
Shorey, William D.
Soyke, Lester F.
Whitlow, Dennis R.
Deerfield
Wesley, John R.
Hinsdale
Hall, Buford
Jacksonville
Norbury, Frank B.
La Grange
Fazioli, Ruth A.
Lake Bluff
Ward, John L.
Lemont
Brues, Austin M.
Urbana
Bloomfield, Daniel K.

Maynard, Guy B., Jr.
Waukegan
Waldeman, Jerome

INDIANA
Anderson
Weiss, Louis L.
Hammond
Peiffer, Geraldine M.
Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Wishard, William N., Jr.
Muncie
Steinbaum, Lola S.
Richmond
Kennedy, Robert P.

IOWA
Cedar Falls
Harden, Lewis B.
Des Moines
Gordon, Arnold M.
Iowa City
Corry, Robert J.
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.
Oskaloosa
Catterson, LeRoy F.
Waterloo
Bickley, Donald W.

KANSAS
Kansas City
Leape, Lucian L., Jr.

KENTUCKY
Ashland
Hutton, John J., Jr.
Covington
Pajari, Karen L.
Fort Knox
Appel, Eugene L.
Harlan
Elliot, Howard L.
Lexington
Cantor, Harvey E.
Francis, Lewis
Maruyama, Yosh
Massie, William K.
Sandifer, Myron G., Jr.
Scott, Thornton
Wheeler, Warren E.
Louisville
Atherton, L. Douglas
Bate, John T.
Harter, John S.
Jackson, Benjamin B.
Towery, Beverly T.

LOUISIANA
Baton Rouge
Hansen, Robert H.
Madey, Stephen L.
New Orleans
Morris, Harry D.
Sullivan, Philip H.
Shreveport
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE
Auburn
Thacker, Henry C.
Augusta
Stinchfield, Alan J.
Bangor
Brown, Lloyd
Brown, Robert H.
Clement, James D., Jr.
Bar Harbor
Gilmore, Edward B.
Bath
Burden, Charles E.
Brunswick
Macomber, Donald
Cape Elizabeth
Stocks, Joseph F.
Ellsworth
Suyama, Eji
Friendship
Frost, Harold M.
Chisholm
Gashgai, Abdollah
Kittery
Snyder, Monica H.
Snyder, William H., Jr.
Portland
Bidwell, Robinson LeR. II
Drake, Emerson H.
Hawkes, Richard S.
Hiebert, Clement A.
Keating, Philip J.
Leonard, Laurence M.
McDermott, Leo J.
Thaxter, Langdon T.
Thompson, Philip P., Jr.
Ware, Roland G., Jr.
Saco
Stevens, Harold W.

MARYLAND
Aberdeen
Benz, Ronald R.
Baltimore
Currie, Richard A.
Firminger, Harlan I.
Fritz, William F.
Gay, Leslie N.
Heller, Richard M.
Hollander, Joshua
Howards, John E.
Isaacs, James P.
James, A. Everette, Jr.
Johnson, Richard T.
King, W. Bradley, Jr.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Murray, Gordon F.
Oh, Kook S.
Phillips, Fredric J.
Robinson, Esther H.
Ryan, James J.
Talalay, Paul
Von Kessler, Kirby L.C.
Walser, Mackenzie
Weisfeldt, Myron L.
Zuidema, George D.
Bethesda
Atkinson, John P.
Becker, Karl E., Jr.
Bilheimer, David W.
Borer, Jeffrey S.
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Brown, Michael S.
Burke, Robert E.
Canellos, George P.
Chase, Thomas N.
Cohen, Phillip
Collins, Robert C.
Crystal, Ronald G.
Dale, David C.
Davis, John M.
Deuel, Thomas F.
Dinarello, Charles A.
Edelson, Richard L.
Gimbrone, Michael A., Jr.
Glass, Andrew C.
Globus, George G.

Gotto, Antonio M., Jr.
Grave, Gilman D.
Guss, Stephen B.
Harrison, Michael R.
Herberman, Ronald B.
Herzberg, Joseph H.
Hoover, Herbert C., Jr.
Howell, Stephen B.
Khoury, George
Kronenberg, Gretchen B.
Kronenberg, Henry M.
Kumpe, David A.
Langer, Terry
Laster, Leonard
Levis, William R.
Levy, Ronald
Lew, Michael A.
Matta, Raymond J.
Meltzer, Monte S.
Miller, Walter L.
Minna, John D.
Mudd, S. Harvey
Pollard, Thomas D.
Post, Robert M.
Rogentine, George N., Jr.
Root, Richard K.
Rose, James A.
Sachs, David H.
Sarnoff, Stanley J.
Scolnick, Edward M.
Simpson, Paul C., Jr.
Smith, R. Graham
Stossel, Thomas P.
Strauss, John S.
Strober, Samuel
Thibault, George E.
Torch, William C.
Waldmann, Thomas A.
Weiss, Ira W.
Wolff, Jan
Wynne, Lyman C.

Chevy Chase
Gray, Sheila H.
Monchik, Jack M.
Varney, Hewitt I.

Easton
Harper, David T., Jr.

Kensington
Cohen, Alfred M.

Lawson
Borrell, Leo J.

Owings Mills
Greene, D. Crosby, Jr.

Rockville
Agus, Saul G.
Cohen, Benjamin E.
Cohen, Max H.
Fisher, Richard I.
Klaeveman, Hayden L.
Kobayashi, Ronald M.
McGuffin, William L., Jr.
Mirkin, Gabriel B.
O'Machi, Rodney S.
Passamani, Eugene R.
Sheagren, John N.

Silver Spring
Char, Devron
Lell, William A.
Levine, Robert A.
Lieber, Michael M.
Waldmann, Katharine S.

Towson
Adams, John E.

MASSACHUSETTS

Acton
Boardman, Donnell W.

Agawam
Kopriva, Charles J.

Andover
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walther T.

Arlington
Burbank, Charles B.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.
Schwartz, Howard S.
Smith, Richard H.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
LeVine, Herbert O.

Bedford
Clifford, M. Henry

Belmont
Altschule, Mark D.
Aronoff, Gerald M.
Asnes, Daniel P.
Bendt, Richard H.
Berman, Jane M.
Blau, David
Bonier, Richard J.
Bornstein, Irving D.
Brandt, John H.
Browne, David
Budson, Richard D.
Busiek, Robert D.
Buttenwieser, Paul A.
Cain, Arthur J.
Caldwell, Enid
Campbell, Corbett
Chrisman, Allan K.
Cion, Maurice C.
Cohen, Alan
Collins, Mary H.
Craven, M. Scott
Crone, Neil L.
Davidson, Edwin M.
de Marneffe, Francis L.A.
Dempsey, Kathleen
Dinsmore, Paul R.
Edelman, Stuart E.
Ehrlich, Frederick
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Embree, Larry J.
Feingold, Albert H.
Felthous, Alan R.
Fern, Donald J.
Fineman, Jo Anne
Fischberg, Bruce W.
Folch-Pi, Jordi
Frazier, Shervert H.
French, Perrin L.
Gerson, Stephen N.
Goldwasser, Rhoda B.
Gonzales, Francisco (Sastre)
Greenberg, Ramon M.
Griffith, David D.
Hauser, George P.
Hawthorne, William B.
Helzman, Todd F.
Hermann, Howard T.
Hess, Helen H.
Holzman, Todd F.
Hopps, Christoper R.
Howard, Paul M.
Hudson, Carlos
Humenansky, Diane B.
Hurston, Ronald O.
Ingle, David J.
Jakab, Irene
James, William S.
Jick, Hershel
Julian, Brigitte M.
Kagan, Jerome
Kahne, Merton J.
Kaufman, Irving

Kay, Monte S.
Kazanjian, Varaztad H.
Kelleher, Philip
Kenney, Helen J.
Kershaw, Beatrice R.
Kerzner, Arnold M.
Klein, Rona B.
Kopolow, Louis E.
Kulka, J. Peter
Kvaraceus, William C.
Lawson, George B.
Lees, Marjorie B.
Levy, Michael Z.
Linscheer, Willem
Lipsitt, Don R.
Longabaugh, Richard H.
Mahar, Brandan A.
Mahnke, Mark W.
Marks, Alan N.
Mathews, J. Wayne
McLean, Paul E.
Menzin, Aaron W.
Mercer, Zonda J.
Meshorer, Edward
Middleton, Charles R.
Miller, Martin A.
Millstein, Philip L.
Mintz, Norbett L.
Mintz, Sophie B.
Mokrasch, Lewis C.
Mols, John M.
Nahor, Amos
Needleman, Wanda S.
Onesti, Silvio J.
Ottenstein, Donald
Pearce, John K., Jr.
Pearlman, Michael
Penn, Harry
Perry, Jalna Ann
Pope, Alfred
Potter, Lloyd G.
Powers, Stephen L.
Price, Lloyd F.
Proner, Barry D.
Rattner, Joseph L.
Reinhardt, Scott A.
Ricci, Russell J.
Robbins, Michael D.
Robinson, Phelps M.
Ryback, Ralph S.
Sampson, Patsy H.
Schnitzer, Robert D.
Schwartz, Charles A.
Schwartzreich, Edward S.
Semon, Ralph G.
Settel, Kenneth M.
Shashousa, Victor E.
Shein, Harvey M.
Sheinis, Arnold
Sherman, Gwendolyn M.
Shields, Walker E.
Sidman, Richard L.
Simon, Franklin S.
Singer, Judith
Sleeper, Edward L.
Slone, Dennis
Snider, Marvin
Spillane, John B.
Stanton, Alfred H.
Stauffer, Ruth E.
Stiver, Irene P.
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Stone, Lawrence A.
Strang, Jonathan P.
Strasburger, Larry H.
Ungerer, Roland H.
Vannicelli, Marsha
Wallis, W. Merle
Walter, Mark M., Jr.
Washburn, Stephen L.
Weinstock, Robert
Whikehart, David R.
Yanof, Judith
Yudowitz, Bernard S.
Zaidenberg, Marta H.

Beverly

Alt, Richard E.
Bacon, William B.
Fienberg, Robert
Hadley, Terry P.
Hewson, James S.
Lamkins, Burham E.
MacDonald, Alexander S., Jr.
Otto, William J., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Shea, Thomas E.
Sneddon, Ernest A.
Todd, Barnard P.

Boston

Abbott, John A.
Abbott, William M.
Abel, Ronald M.
Aber, Robert C.
Abernethy, Robert S.
Abraham, Henry D.
Abramowitz, Harold
Ackerman, Robert H.
Ackerstein, Harold
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Patricia C.
Adams, Raymond D.
Adams, William P.
Adler, Robert A.
Aguirre, Alphonso M.
Agular, Steve G.
Ahluwalia, Bhagwat D.
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Antonio, Robert P.
Antoon, Alia Y.
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Astrom, Karl E.
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Beck, William S.
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Beecher, Henry K.
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Billote, Juanito B.
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Biswas, Chitra
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Blacker, Edward
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Blank, Irvin H.
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Bloch, Kurt J.
Block, Peter C.
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Fine, Jacob
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Nold, Julianne G.
Norcross, John W.
Novelline, Robert A.
Nozik, Daniel L.
Nuzzo, Roy M.
O'Brien, J. Patrick
O'Connor, Joseph R.F.
O'Connor, Thomas A.
Oder, Frederic E.
Oger, Joel J.
Oh, Woo Hwan
O'Hara, Donald S.
O'Hara, Patrick
Ohman, John L., Jr.
Ojemann, Robert G.
O'Keefe, Dennis D.
Okun, Milton R.
O'Leary, Daniel H.
Olivier, Normand E.
Olson, Daniel J.
Orr, James C.
Osborn, Lawrence W.
O'Shea, Kathleen T.
Osler, David C.
Osmond, John D. III
Oster, Martin W.
Ott, Kenneth H.
Ottinger, Leslie W.
Otto, Charles W.
Ouellette, Andre J.
Ouellette, Eileen M.
Owens, William D.
Padgett, Charles H.
Palmer, Michael S.
Palmer, R. Sterling
Paolitto, Frank J.
Papadakis, Nikolas
Papas, Arthur N.
Parker, Stephen M.
Parkhurst, Edward C.
Parks, Joe M.
Parillo, Joseph E.
Parrish, John A.
Parsons, John Anthony
Parsons, Langdon
Patel, Dineshkumar
Pathak, Madhukar A.
Patterson, Arthur K.
Pauker, Stephen G.
Pauker, Susan P.
Pearlman, Alan L.
Pease, Francis B.
Peebles, Richard R.
Peebles, Thomas C.
Pendergrass, Henry P.
Perlo, Vincent P.
Perrotto, Joseph L.
Peytremann, Andre
Peytremann, Renate
Pfister, Richard C.
Philbin, Daniel M.
Philip, Alummootil M.
Phillips, Anne W.
Phillips, Edgar B. II
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Donald S.
Pierce, Ralph W.
Pikula, John V.
Pina, Burt D.
Pinn, Vivian W.
Pitman, Susan A.W.
Pizer, Stephen M.
Plank, Charles R.
Plate, Janet M.
Pohl, Marc A.
Pohost, Gerald M.
Poirier, Normand L.
Poitras, James W.
Poletti, Charles E.
Pollard, James J.
Pollen, Daniel A.
Pontoppidan, Henning
Popkin, Michael K.
Popper, Charles W.
Porter, Huntington
Poskanzer, David C.
Potsaid, Majik S.
Potts, John T.

Poulsen, Knud
Poussaint, Alvin F.
Powell, Lawrie W.
Powell, Robert O.
Powell, William J., Jr.
Pozatek, Zigmunt W.
Pratt, Theodore C.
Price, James M.
Prien, Edwin L., Jr.
Proffitt, Max R.
Proppe, Karl H.
Prout, George R., Jr.
Provan, John
Pugliese, Michael M.
Purves, Dale
Putschar, Walter G.J.
Pyenson, Leslie R.
Quinby, John T.
Quinby, Susan Van Clute
Quinby, William C., Jr.
Quinn, Ruth S.
Qvist, Jesper
Raaf, John H.
Rabe, Edward F.
Rabkin, Mitchell T.
Radin, Eric L.
Raghavan, Srinivasa S.
Ragsdale, Bruce D.
Raines, Jeffrey K.
Raker, John W.
Rakusanova, Tamara A.
Ramirez, Lincoln F.
Rao, T.D.
Rapaport, Eliezer
Rawdon, William K.
Ray, Barbara A.
Razavi, Lawrence M.
Re, Richard N.
Reckler, Jon M.
Record, Eugene E.
Regier, Darrel A.
Reilly, James J., Jr.
Reimann, Jessica E.
Reinhold, Vernon N.
Reiser, Stanley J.
Remensnyder, John P., Jr.
Rendall, Edward S.
Renna, Francis S.
Renner, John A.
Rever, George W.
Reyersbach, Gertrude C.
Reynolds, Stephen L.
Rice, Jack O.
Richardson, Edward P.
Richardson, George S.
Richman, David P.
Ricks, John E.
Ridgway, E. Chester
Rie, Michael A.
Rieder, Sidney V.
Riggs, Lamar W.
Riggs, Suzanne G.
Ring, Ernest J.
Riseborough, Edward J.
Rizk-Attia, Rafik
Robbins, Laurence L.
Robboy, Stanley J.
Roberson, Glenn H.
Roberts, James T.
Robertson, Charles W.
Robey, John S.
Robinson, Dwight R.
Robinson, Edmond D.
Robinson, John C.
Roblin, Richard O. III
Rodkey, Grant V.
Rogers, Kent E.
Rogers, William P., Jr.
Roglieri, John L.
Roldan, Auxiliadora R.
Ropes, Marian W.
Rosen, Robert A.
Rosenberg, Earle H.
Rosenberg, Mark L.
Rosenberger, Peter B.B.
Rosenblatt, David S.
Roser, Steven M.
Ross, Jeffrey S.
Roth, A. David
Roth, Sanford I.
Rottinger, Erwin
Rousseau, Come
Rowe, Carter R.
Rowland, Christopher Van A., Jr.
Rubenstein, Joel J.
Rubin, Nina T.
Rubinstein, Joel F.
Rudnick, Jeffrey P.
Ruggieri, Salvatore
Runyon, Robert C.
Russell, Paul S.
Russfield, Agnes B.
Rushforth, David J.
Rutstein, David D.
Ryan, John A., Jr.
Ryan, John F.
Rydzewski, Janusz A.
Sachson, Richard A.
Saide, Judith D.
St. Goar, Walter T.
St. Onge, Richard A.
Saito, Masaki
Salam, Maria V.Z.
Salib, Philip I.
Salisbury, Kent W.
Salzman, Edwin W.
Sanchez, Guillermo C.
Sancho, Jose M.
Sanders, Charles A.
Sandler, Allan I.
Sara, Sydney M.
Satin, David G.
Savarese, John J.
Scannell, J. Gordon
Scardino, Peter T.
Schaner, Everett G.
Schantz, Arthur S.
Schapiro, Robert H.
Scheuplein, Robert
Schiller, Alan L.
Schlesinger, David H.
Schmidek, Henry H.H.
Schneider, Robert C.
Schnur, James A.
Scholl, Mary Louise
Schoolnik, Gary K.
Schulz, Milford D.
Schuster, Samuel R.
Schwartz, Dennis E.
Schwartz, Harry C.
Schwartz, Joseph E.
Schwarzmann, Gunter
Scott, Jesse F.
Scott, Mary D.
Scott, R. Michael
Scott, Richard D.
Scott, William R.
Scully, Robert E.
Sear, Hubert S.
Sears, John B.
Sedlack, Robert S.
Seebacher, Jurgen
Segre, Gino V.
Seiler, Rolf W.
Selby, James W.
Seldin, Edward B.
Selinger, Samuel L.
Selter, Lawrence F.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Serge, Jessica M.
Sewall, Warren
Sewell, Jack B.
Shafritz, David A.

Shah, Narendra C.
Shahani, Bhagwan T.
Shamsey, Robert J.
Shannon, Daniel C.
Shapiro, Samuel
Shapiro, Stuart H.
Sharp, Geoffrey W.G.
Shaw, Daniel
Shaw, Katherine A.
Shay, Jonathan
Shea, Cornelius
Shea, Stephen M.
Sheffer, Albert L.
Sheinfeld, Maxim
Shen, Wei-Chiang
Shershaw, John C.
Sherwood, Geoffrey K.
Shields, Lawrence T.
Shih, Vivian
Shipley, William U.
Shklar, Gerald
Shoaps, Keith B.
Shore, Neil S.
Short, Charles L.
Shrivastav, Brij B.
Shubrooks, Samuel J., Jr.
Shulman, Leonard A.
Sifneos, Peter E.
Sigelman, David R.
Simmons, Barry P.
Simmons, David P.
Simon, Harvey B.
Simon, Sheldon
Sinesi, Sabino J.
Sisson, John H.
Sites, Vincent R.
Skinner, James C.
Skinner, Mary D.
Skoblar, Richard S.
Slater, Eve E.
Sledge, Clement B.
Sloane, Robert E.
Sloane, Robert W., Jr.
Smead, William L.
Smedley, Lois M.
Smith, Daniel H.
Smith, Gene M.
Smith, Gerald N., Jr.
Smith, Richard J.
Smith, Richard M.
Smith, Robert S.
Smith, Thomas W.
Smitherman, Thomas C.
Snodgrass, Samuel R.
Snyder, John C.
Sober, Arthur J.
Sohier, W. Davies, Jr.
Solarzano, Oscar
Solis, Oscar J.
Solomon, Earl G.
Sosman, John L.
Souder, Daniel E.
Southmayd, William W.
Spangler, Arthur S.
Spellman, John W.
Sperber, Michael A.
Spiegel, Allen M.
Squires, Homer J.
Stadecker, Miguel J.
Stanley, Juliet S.
Stead, Nancy W.
Stein, Richard S.
Steinberg, Gerald C.
Steinberg, Robert S.
Stephenson, Mary L.
Stetson, Richard P.
Stevens, Janice R.
Stewart, David R.
Stewart, Rege S.
Stewart, Robert M.
Stewart, Thomas D.
Stifler, Richard B.
Stillner, Verner
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Stone, Lawrence B.
Strieder, Denise J.
Strole, William E., Jr.
Strosberg, Arthur D.
Stulberg, S. David
Sturgis, Somers H.
Subramian, Alapuzha R.
Sugarbaker, Everett V.
Sugihara, Jared G.
Sugita, Mutsumi
Suit, Herman D.
Sujatanond, Manit
Sullivan, Francis J.
Sullivan, Philip R.
Sundaram, Pennarthur
Susman, Morris H.
Swan, Charles L., Jr.
Swann, David A.
Schwartz, Morton N.
Sweet, Roger H.
Sweet, William H.
Sweetland, Ralph C.
Swett, Richard B.
Symonds, Daniel A.
Szabo, George
Szyfelbein, Stanislaw
Szyfelbein, Wanda M.
Taft, Edgar B.
Taft, Priscilla D.
Takacs, Frank A.
Talamo, Richard C.
Talbot, Nathan B.
Tam, John A.L.S.
Tanaka, Kay
Tannenbaum, Lewis
Tardiff, Kenneth J.
Tarlov, Edward
Tasto, James P.
Taveras, Juan M.
Taylor, Joseph H.
Tefft, Melvin
Tenpas, John H.
Thebaut, Ben R., Jr.
Thomas, John Charles
Thomas, Robert J.S.
Thomas, Stephen J.
Thorndike, Janet
Tilley, Robert F.
Timberlake, William H.
Tkacz, Jan S.
Tobias, Michael A.
Todd, Donald P.
Todres, Israel D.
Toffolon, Edward P.
Tofield, Joshua J.
Tolman, E. Laurie
Tolman, Maurice M.
Tomchik, Frederick S.
Tonnesen, Alan S.
Toole, Bryan P.
Touchette, Paul E.
Tractenberg, Howard A.
Traig, Alain L.
Tregear, Geoffrey W.
Trelstad, Robert L.
Trevett, Laurence D.
Trevor, Richard P.
Truman, John T.
Tucker, Walter I.
Turner, Roderick H.
Twarog, Francis J.
Ulfelder, Howard
Umlas, Joel
Vaage, Jan
Vander Salm, Thomas J.
Vanderveen, James L.
Van Rietschoten, Jurphaas
Varma, Surendra K.
Veits, Harold R.

Velho, Lawrence F.
Vickery, Austin L., Jr.
Villanueva, Jose S.
Vitug, Antonio J.
Vogel, Albert V.
Von Pohl, Joachim W.
Wald, Ignacy
Walker, Evelyne
Walker, William A.
Wallace, Lynn
Wallace, Mary Jean
Waller, John L.
Walsh, John W.
Waltin, Jerieta
Waltman, Arthur C.
Walz, Bruce J.
Walzer, Sarita G.
Wang, Chiu-an
Wang, Chiu-chen
Ward, Harold W., Jr.
Ward, Jonathan B.
Warren, Christopher D.
Warren, Richard
Warshaw, Andrew L.
Warshaw, Joseph B.
Wasserman, Linda
Watson, Barbara K.
Watts, Hugh G.
Waud, Barbara E.
Waxman, Bruce A.
Webb, Susanne S.
Weber, Alfred L.
Webster, Edward W.
Weese, William C.
Weinberg, Robert M.
Weiner, Milton A.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weinger, Jesse M.
Weinstein, Allan J.
Weinstein, Howard J.
Weinstein, Louis
Weinstein, Mark E.
Weintraub, Ronald M.
Weir, Gordon C.
Weiser, Milton M.
Weisman, Avery D.
Weiss, Alfred D.
Weiss, Charles
Weiss, Mark A.
Welch, Claude E.
Welch, John P.
Wells, Roe
Wells, Lionelle D.
Wellum, Glyn R.
Wepsic, James G.
Westerfield, Larry H.
Westfall, Michael P.
Wheeler, Edwin O.
Wheelock, Frank C., Jr.
Whelchel, John D.
White, James C.
White, Paul D.
Whiting, Richard G.
Wichser, Jost
Wiesman, Harold J., Jr.
Wilensky, Samuel
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Willard, Ralph H. III
Williams, Christine L.
Williams, Conger
Williams, Harold W., Jr.
Williams, Melvin W.
Williams, Robert C.
Williams, Roger S.
Williams, Vernon P.
Williams, Willis H.
Wilson, Norman E.
Wilson, Roger S.
Winickoff, Richard N.
Winkler, Gerald F.
Winn, Henry J.
Wirthlin, LeRoy S.
Wittenberg, Jack
Wolpow, Edward R.
Woo, Sybil Wong
Wood, Lawrence C.
Wood, William C.
Woodruff, Lorande M.
Woods, Bryan T.
Worden, J. William
Wray, Shirley H.
Wulfson, Howard D.
Wyman, Edwin T., Jr.
Yankauer, Alfred
Yett, Harris S.
Yeung, James K-H.
Yip, Larry
Yoder, Isabel C.S.
Young D. Michael
Young, Hugh H. II
Young, Neal S.
Young, Robert R.
Yurchak, Peter M.
Zach, Michael B.
Zacharias, Leona
Zaiden, James R.
Zamcheck, Norman
Zamecnik, Paul C.
Zapol, Warren M.
Zarins, Bertram
Zavisca, Frank G.
Zervas, Nicholas T.
Zielke, H. Ronald
Zieper, Irving
Zimbler, Seymour
Zir, Leonard M.
Zisook, Sidney
Zuckerman, James E.

Braintree
Boerstling, Herbert

Brewster
Daland, Ernest M.

Bridgewater
Barrows, Lawrence J.

Brighton
Broderick, Thomas F., Jr.
Flynn, Robert E.
O'Brien, Richard G.

Brockton
Baker, Edward P., Jr.
Chase, John S.
Duncombe, Alfred L.
Mixter, Charles G., Jr.
Nebesar, Robert A.
Polansky, Burton J.
Zavarine, Richard

Brookline
Backman, John H.
Berger, Samuel M.
Bernstein, Stephen B.
Beuscher, William F.
Bogoch, Samuel
Brownsberger, Carl N.
Burgin, Leo B.
Chalpin, George
Chute, Richard
Cline, Herbert S.
Cohen, M. Michael
Davies, John A.V.
Doonan, James M.
Esmiol, Pattison
Faxon, Henry H.
Godley, Anne F.
Goldthwait, Joel C.
Hall, Francis C.
Helman, Milton E.
Holland, Daniel J., Jr.
Kahana, Eda M.
Kris, Kathryn B.
Levin, Sidney
Linton, Robert R.
Marcus, Saul M.
Mittel, Neuman S.

Mushatt, Cecil
Peters, John H.
Potter, Maxwell G.
Prather, George C.
Ridgway, Elizabeth W.
Salomon, Lucy
Salveson, Lawrence C.
Schatzki, Richard
Schatzki, Stefan C.
Sens, Richard
Silverman, Samuel
Thomas, William H.
Villee, Dorothy B.
Waitzkin, Evelyn D.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Zarsky, Edward L.
Zaudy, Eleanore C.

Bryantville
Angley, John C.

Burlington
Barrett, John P., Jr.
Bost, Frederic W.

Cambridge
Ackroyd, Frederick W.
Aeschliman, Barbara L.
Amick, Arthur F.
Apstein, Carl S.
Balch, Franklin G., Jr.
Bales, Robert F.
Barnhouse, Ruth T.
Benda, Clemens E.
Binger, Carl A.L.
Bock, Arlie V.
Brazelton, T. Berry
Brenner, Joseph H.
Briefer, Caesar, Jr.
Cannon, Helen C.
Carter, Franklin
Carter, George H.
Catlin, Randolph, Jr.
Coles, Martin R.
Coolidge, John C.
Counter, Samuel A.
Damon, Albert
Decker, Briant L.
Deutsch, Helene
Dreier, Theodore, Jr.
Eisenberg, Carola B.
Everett, Henry C. III
Frank, Thomas
Gardner, Johanna
Gill, Peter Lawrence
Gordon, John E.
Grunebaum, Henry U.
Hardy, Harriet L.
Harley, Barbara M.
Hass, Gerald
Homans, John, Jr.
Hubbard, Eliot, Jr.
Ise, Carolyn
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Koumans, Alfred J.R.
Lees, Robert S.
Leff, Robert D.
Leibel, Rudolph L.
Levey, Bernard
Liebowitz, Stanley
Linnell, Zenos M.
Lorch, Stephen
Mann, Robert W.
Manson, James G.
Matz, Myron H.
McFarland, James C.
Merrill, Edward W.
Mogielnicki, Robert P.
Moore, Gordon T.
Moses, John M.
Myers, Gordon S.
Palmer, Don
Paul, Igor L.
Pechet, Maurice M.
Pierce, Chester M.
Point, W. Warren
Porter, Philip J.
Postel, Sholem
Rectanus, Daniel R.
Reid, Elizabeth A.
Richie, Robert H., Jr.
Ross, Ralph A.
Shelton, William R.
Soter, Nicholas A.
Stambler, Morris
Stanbury, John B.
Stone, Alan A.
Tingey, William H., Jr.
Toll, Karel van Syckel
Wacks, Jerry
Wallace, James W.
Weinberg, Arnold N.
Weinberger, Jerome L.
Wohl, Martin J.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zinberg, Norman E.

Carlisle
Haendel, Frank

Charlestown
Allukian, Myron, Jr.
Burns, Barbara J.
Connelly, John P.
Dyer, Edward C.
Frankel, Jerold M.
Granados, Suzita N.
Leet, Robert K.
Proper, Daniel H.
Sachs, Benjamin
Sack, William H.
St. Onge, Stephen E.
Shay, Norbert J.
Simmons, Alvin
Stein, Naomi
Wang, Chi Shiang

Chelsea
Gibson, James M.

Chestnut Hill
Benedict, Edward B.
Benedict, Patricia H.
Daniels, Edward M.
Daniels, Hadassah S.
Garland, Joseph
Hodgson, John S.
Hoeffel, Gerald N.
Knowles, John H.
Livingstone, John B.
Simon, Harold
Thorndike, Augustus
Wermer, Olga S.

Cohasset
Sceery, Robert T.

Concord
Austin, Richard C.
Barrie, Joseph R.
Cantu, Robert C.
Fay, Gardner F.
Ginandes, Shepard C.
Hallenbeck, Dorr F., Jr.
Heath, Parker, Jr.
Hopkins, Robert P.
Keuper, Charles S.
Norton, Paul L.
Soutter, Lamar
Strickler, William L.
Toomey, Edward G.
Whitfield, Thomas, J. III

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Jones, Wallace A.
Nam, Sang Kyu
Patton, Anthony S.
Stachiewicz, Danuta M.

Stamboulidis, Konstantinos
Thornton, Clarence E.

Dedham
Bartlett, Marshall K.
Osborne, Robert K.
Putnam, Henry M.
Sweetnam, George H.

Dorchester
Dempsey, Peter A.
Rosenblatt, Malcolm L.

Dover
Akins, Carleton M.
Clowes, George H.A., Jr.
Santoro, Benjamin T.

Duxbury
Clark, Richard J.
Fowler, Dwight M.
Phillips, Fredric J.

East Falmouth
Steel, David

Edgartown
Mazer, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Mason, William
Miller, Abbott R.
Spencer, Jack

Falmouth
Bixby, H. Irving
Christman, George
Sowles, Horace K.

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Carroll, Brian C.
Denton, Jane E.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Senghas, Richard E.

Gardner
McPeak, Clarence N.
Wolterbeek, Jacob C.

Gloucester
Kline, Robert M.
Rosenberg, Bruce M.

Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Harwich
Long, Michael C.

Hathorne
Conboy, Edward A.

Hingham
Eldredge, LeRoy L., Jr.

Holyoke
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.

Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.

Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.

Jamaica Plain
Dwight, Richard W.
Edsall, Geoffrey
Graham, John R.
Luongo, Michael A.
Ream, John R., Jr.
Solomon, Harry C.
Tracy, David M.

Lawrence
Fowler, Joseph W. III
O'Shea, James A.

Leominster
Wheeler, Charles A.

Lexington
Bellinger, Martin J.
Friedman, Leonard J.
Joseph, Alfred T.
Petersen, James A.
Weiss, Ruth S.

Lincoln
Keevil, Charles S., Jr.
Murphy, Ruth

Linwood
Hutchison, David

Longmeadow
Hopkins, Frederick S.
Hurston, Lewis L.
Lewis, James
Plotkin, Leonard H.
Rich, J. Gordon

Lowell
Grant, George J.M.
Letsou, Vasilios G.
Parsons, Edward F.

Lynn
Connolly, Thomas F.
Cooperman, Sheldon
Sarris, Spiros P.
Slater, Eliot M.

Lynnfield
Newhall, Harvey F.

Malden
Bennett, Warren
Garrey, Walter E.

Manchester
Fremont-Smith, Maurice

Marblehead
d'Elseaux, Frank C.
Hopkins, Stanford W.
Kimball, Peter G.
Winer, Richard A.

Marblehead Neck
Smithwick, Reginald H.

Mattapoisett
Empson, Dora R.

Medfield Junction
Cserr, Robert

Medford
Bennett, Doris R.

Melrose
Glines, George A.
Goldman, Maury A.
Hormell, Robert S.
McCormack, Geraldine A.
Osgood, Herman A.
Siegert, Herbert C.

Menemsha
Reisinger, Keith S.

Milton
DeLorme, Thomas L.
Driscoll, Robert A.
Gieske, Judith P.
Gregg, Ward I.
McGrath, Edward F.
Suby, Howard I.
Sullivan, Eugene R.
Surman, Owen S.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina

Natick
Hanelin, Joseph

Needham
Forget, Bernard G.
Levine, Matthew E.
Vanderpol, Maurice

Needham Heights
Shahidi, Masoud
Williams, Roger N.
New Bedford
Kadish, Sidney P.
Lewis, Emory O.
Stevens, Rose Marie
Tripp, Curtis C.
Newburyport
Bullard, Carleton W.
Newton
Adler, Morris H.
Cope, Stuart
Kayce, Melvin M.
May, George A., Jr.
McDonnell, Nancy J.
Park, Kyung M.
Speare, George S.
Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Chasen, Mignon C.
Gill, Benjamin F.
Kennard, Harrison E.
MacDonald, Michael J.
Mueller, Barbara C.
Mueller, Egbert H.
Rutherford, Rondall W.
Smith, Judson A.
Newton Highlands
Amend, William J.C., Jr.
Brailey, Allen G.
Soloway, Albert H.
Newton Lower Falls
Garcelon, Gerald G.
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.
Newtonville
McElhinney, James P.
Norfolk
Yatsuhashi, Masao
North Adams
Urmy, Thomas Van O.
Northampton
Averill, James H.
Tatlock, Hugh
North Andover
Buchanan, Douglas
Rogers, Horatio
Wallwork, David W.
North Reading
Scanlon, John W.
Norwell
Kearsley, Richard B.
Mayo, Richard A.
Meyer, Jack E.
Oak Bluffs
Claydon, Charles T.
Peabody
Lurie, Arthur S.
Pittsfield
Tracy, Robert J.
Plymouth
Haggard, G. Edmund
Hamilton, Harold H.
Quincy
Ciano, Joseph F.
Gallagher, William F., Jr.
Kelly, John P.W.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David
Randolph
Moore, Robert F.
Reading
O'Connor, Harrison
Rockport
Heath, Clark W.
Roslindale
Linenthal, Arthur J.
Salem
Brennan, Charles G.
Conway, Richard E.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Taggart, F. Howard, Jr.
Thompson, Richard H.
Scituate
Joseph, John B.
Somerville
Pollard, John T., Jr.
South Dartmouth
Hamlin, Edward, Jr.
Higgins, Robert B.
South Duxbury
Shirley, J. Newton
Whiskin, Frederick E.
South Orleans
Dickson, William A.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Springfield
Derby, Joseph P.
Derrick, Charles C.
Franseen, Elmer F.
Williams, David W.
Zacarian, Setrag A.
Stoneham
Maki, Dennis G.
Mueller, H. Peter
Stoughton
Sullivan, William H.
Sudbury
Adelson, William J.
Johnson, F. George
Robinson, Michael J.
Swampscott
Mayo, Frederick B.
Miller, Carroll C.
Morse, Frank P.
Teaticket
Taylor, John B.
Tewksbury
Vaughan, Milton C.
Vineyard Haven
Butler, Allan M.
Waban
Gallagher, Francis P.
Green, Sidney
Moncure, Ashby C.
Olin, Harry S.
Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Rosenthal, Murray K.
Waltham
Agranat, Barry J.
Barber, Doris E.
Bauman, Margaret L.
Djordjevic, Zvonirir V.
Dooling, Elizabeth C.
Dulaney, John T.
Edelstein, Leon M.
Friedman, Robert B.
Golub, Arnold M.
Haessler, Herbert A.
Hardy, Irad B.
Holmes, Joseph A.
Jungalwala, Firoze B.
Kanfer, Julian N.
Kemper, Thomas L.
Kety, Josephine G.
Lewis, Joseph L.
Martin, Jerry A.
McCluer, Robert H.
Nigam, Mool P.
Noble, John J., Jr.
Raynes, Norma V.
Shulman, Leonard B.

Sidman, Murray
Spence, Richard J.
Yakovlev, Paul I.

Wareham
Lincoln, James R.

Wellesley
Cavanaugh, James J.A.
Flanagan, Norris B.
O'Connell, Francis D.
O'Sullivan, Renee B.

Wellesley Hills
Bell, George O.
Cohen, John M.
Parker, Jack S.
Pfeffer, William, Jr.
Reidy, John A.
Sinor, Myron
Stempien, J. Henry
Zeller, John W.

Wenham
Rogers, Daniel M.

West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.

West Falmouth
Faxon, Nathaniel W.

West Harwich
Carney, Henry J.

West Newton
Berezin, Martin A.
Jenney, Peter B.
Marmor, Jane B.

Weston
Choras, Peter T.
Clark, John G., Jr.
Duffy, Frank H.
Gauld, A. Gordon
Moreton, John R.
Rolde, Alexandra
Swan, Channing S.
Wilkins, George F.

West Roxbury
McGovern, Joseph J.M., Jr.
Sarahara, Arthur A.

Williamstown
Reynolds, George S.

Winchester
Annino, Donald J.
Gross, Brian H.
Kaufmann, Gustav G.
Kenzora, John E.
Kermond, William L.
Marks, George A.
Poss, Robert I.

Woods Hole
Egloff, Frank R.L.

Worcester
Benedict, Karl T., Jr.
Burrow, Jarrell G.
Carmody, John T.B.
Damiani, C. Robert
Duggan, John A.
Harper, Robert S.
Hermann, John B.
James, Lewis P., Jr.
Janower, Murray L.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.

Yarmouth Port
Anderson, Elroy E.

MICHIGAN

Ann Arbor
Behrendt, Douglas M.
Bishop, Ronald C.
Quarton, Gardner C.
Smillie, John W.
Sweet, Robert B.
Waldron, Alexander M.

Birmingham
Arnstein, A. Robert
Esslinger, John O.
Leach, Charles A., Jr.
Russell, Henry N., Jr.

Detroit
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Youn, Chang H.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo

Grosse Pointe
Krickstein, Herbert I.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Livonia
Abrahams, Saliem M.
Larson, Ronald R.

MINNESOTA

Golden Valley
Hakala, Thomas R.

Minneapolis
Croll, Diane
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
McKhann, Charles F.
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang

Rochester
Brubaker, Richard F.
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Ramirez-Lassepas, Manuel
Randall, Raymond V.
Weinshilboum, Richard M.

MISSISSIPPI

Holly Springs
Young, Thomas K.

Jackson
Glass, D. David
Guyton, Arthur C.
Weems, William L.

MISSOURI

Chesterfield
Stephens, William A.

Clayton
Volpe, Joseph J.

Kansas City
Dann, David S.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

Kirkwood
Gaston, Lamont W.

St. Charles
Colvin, Robert B.
St. Joseph
McDaniel, John R.
Riddell, Richard V.
St. Louis
Alpers, David H.
Baue, Arthur E.
Chaplin, Hugh, Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Feingin, Ralph D.
Funsch, Robert E.
Gaunt, Frank P.
Hanser, Theodore H.
Hershey, Falls B.
Lytton, William B.
Majerus, Philip W.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Prensky, Arthur L.
Robins, Eli
Shuter, Eli R.
Strauss, Arthur E.
Vagelos, Pindaros R.
Trenton
Fuson, W. Arthur

NEBRASKA
Omaha
Luikart, Ralph H.

NEVADA
Reno
Cantlon, Edwin L.

NEW HAMPSHIRE
Concord
Mintz, E. Ross
Dover
Wilson, Robert F.
Dublin
Meath, James A.
Durham
Watson, Richard H.
Exeter
Curtin, Richard R.
Heyl, James T.
Mixter, Charles G. III
Greenville
Hitchcock, James
Hanover
Anthonisen, Margaret R.
Anthonisen, Niels L.
Friedman, Matthew Joel
Gundersen, Sven M.
Harris, Edward D., Jr.
Heyl, Henry L.
Hunter, Ralph W.
Lipowski, Zbigniew J.
McKenna, John B.
Sox, Harold C., Jr.
Staples, O. Sherwin, Jr.
Sycamore, Leslie K.
Jaffrey
McKittrick, Leland S.
Jaffrey Center
Millard, D. Glynn
Keene
Ash, Homer L.
Gregory, Harold E.
Laconia
Baker, William J.
Lancaster
Strayer, Luther M., Jr.
Manchester
Colokathis, Paul P.
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.
Nashua
Sturdevant, Charles L.
New London
Beaman, George B.
Newbury
Fish, James E.
North Conway
Pippitt, Richard B.
North Hampton
Piper, Edmund L.
Orford
Hall, Marshall G.
Peterborough
Watkins, Arthur L.
Plymouth
Townsend, James H.
Seabrook Beach
D'urso, John J.
Sunapee
Dickson, Carol C.
Temple
Rock, John

NEW JERSEY
Boonton
Ward, Albert J.
Cologne
Herndon, James H.
Englewood Cliffs
Roberts, Charles D.
Glen Ridge
D'Alessandro, Genesio L.
Highstown
Munro, Jeanette
Madison
Diehl, Sylvia D.
Milburn
Eron, Lawrence J.
Milford
Geiger, Ronald H.
Montclair
Greene, Robert G.
Moorestown
Trivus, Robert H.
Newark
Schaaf, Royal S.
New Brunswick
Kuhn, William G., Jr.
Paterson
Van Eerde, Albert
Princeton
Dalrymple, Willard
Levey, Raphael H.
Rothberg, Harvey D., Jr.
Princeton Junction
Pierson, Joseph D., Jr.
Short Hills
Willetts, Arthur T.
Shrewsbury
Judd, Alvan B.
Springfield
Wosnitzer, Morey
Trenton
Rosenthal, Albert L.
Washington
Horwitz, William H.

NEW MEXICO
Albuquerque
Adler, Scott
Gold, Gerald N.
Kinney, Robert J.
Means, Paul H.
Mora, Federico
Parnell, Edward
Williams, Ralph C., Jr.
Las Cruces
Omer, Joy A.
Los Alamos
Grier, Robert S.

NEW YORK

APO
Dehner, Gerard A.
Dunbar, Ronald W.
Mondale, Jason E.

Albany
Holt, William L., Jr.
Thomas, Wilbur A.

Baldwin
Brownstein, Carlton S.

Bath
Traver, Ralph F.

Bronx
Abramowicz, Mark
Birger, Daniel
Bobroff, Lewis M.
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Trieger, Norman
Ulick, Stanley C.

Brooklyn
Anderson, H. Clarke
Friedman, Clarence F.
Maderson, Paul F.A.

Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C.B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.

Cooperstown
Hatfield, Philip M.
McIver, Monroe A.
Sahler, Otto DeP.

Delmar
Berg, Howard W.

Elizabeth
Gorman, Rosemary V.

Elmhurst
Limkakeng, Alexander D.

Glens Falls
Batt, Richard C.

Hollis
Stearns, Thornton

Kenmore
Schenk, Worthington G., Jr.

Kingston
Gorman, Mary L. Gannon

Larchmont
Haralambie, James Q.

Little Neck, Long Island
Wenig, Martin

Manchester
Bienvenu, Lester J.

Manhasset, Long Island
Ayers, William B.
Coffey, Edward L., Jr.
Nicosia, Arnold P.

Margaretville
Mackie, Robert W.

Mechanicville
Ryan, James P.

New Hartford
Millet, J. Bradford

New York City
Anderson, William H.
Baddock, Sheldon S.
Bowden, Lemuel
Carroll, Robert E.
Cohn, Zanvil A.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Goldblatt, Myron E.
Gordon, Barbara
Grant, Lester H.
Hajek, Joseph V.
Heffron, Roderick
Hirschman, Shalom Z.
Hofer, Myron A. II
Katz, Arnold M.
Kaufman, M. Ralph
Kiely, Brian
Klenk, Eugene L.
Lake, Michael
Lambert, John T.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Malcolm, John A.
Malkin, Richard B.
Metcalf, Kenneth M.
Moore, Burness E.
Noone, P. Francis
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart deC.
Pollock, Edward J.
Quan, Stuart H.Q.
Quest, Donald O.
Rovit, Richard L.
Schulman, Joseph D.
Schultz, James S.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Squire, Lucy F.
Steinman, Ralph M.
Stenger, Richard J.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Emmett, Jr.
Wilson, Philip D., Jr.
Wolff, Carl T.
Yanagisawa, Kazuo
Yount, William J.

North Tarrytown
Thompson, Walter A.

Pelham
McHugh, Paul R.

Pittsford
Stetson, John B.

Plattsburgh
Barton, Lyman G., Jr.

Poughkeepsie
Bedell, Wallace C.
Keeley, James K.

Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Chamberlin, Robert W., Jr.
Crawford, Henry B.
Friedman, Stanford B.
Gillies, Alastair J.
Griner, Paul F.
Jones, Robert H.
Morton, John J.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.

Roslyn Estates
Bonomo, Gregory R.

Scarsdale
Hammond, William
Lipman, Marvin M.
Newman, Herbert A.
Seed, John C.

Schenectady
Judd, James M.
Rogers, William A.

Syracuse
Gardner, Lytt I.

Greene, Richard W.
Hale, Clayton H.
Troy
Talin, John J.
Upton
Cotzias, George C.
Dahl, Lewis K.
Utica
Case, Clarke T.
Knapp, Robert G., Jr.
Watertown
George, H. Louis, Jr.
Woodbury
Charash, Leon J.

NORTH CAROLINA
Asheville
Morrison, Roger W.
Neville, Charles W., Jr.
Cary
Godleski, John J.
Chapel Hill
Barnett, Thomas B.
Becker, Lewis C.
Chamberlin, Harrie R.
Craige, Ernest
Gottschalk, Carl W.
Lansing, Cornelius
Lassiter, William E.
Lawrence, John S.
Lawrence, Robert S.
Miller, Milton L.
Monroe, John T., Jr.
Parker, John C.
Preston, Edwin T.
Rogers, Mark C.
Rolett, Ellis L.
Sparling, P. Frederick
Taylor, Isaac M.
Charlotte
Brenizer, Addison G., Jr.
Elliot, Joseph A., Jr.
Columbus
Placak, Joseph C., Jr.
Concord
Collins, David L., Jr.
Durham
Appel, Stanley H.
Griffith, John F.
Katz, Samuel L.
Kelley, William N.
Lang, David J.
Lee, Ching-Muh
Mullin, Edward M.
Pearse, Richard L.
Peete, William P.J.
Reeves, Robert J.
Rygorsky, Jerome E.
Fort Bragg
Fisher, Morris A.
Hershberg, Robert A.
Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.
Morganton
Vernon, James T.
Raleigh
Gada, Preston H.
Manly, Isaac V.
Myers, Richard S.
Rhodes, John S.
Wooten, E. Jane H.
Worth, Thomas C.
Young, David A.
Southern Pines
Arrowood, Julia G.
McMillan, Robert M.
Wilmington
Graham, Charles P.
Winston-Salem
Bostic, William C. III
Conrad, Elizabeth

NORTH DAKOTA
Minot
Wolf, Laurence E.

OHIO
Akron
Voke, Edward L.
Bellefontaine
Traul, Richard S.
Canton
Mogan, Winfield S.
Scott, Murray W., Jr.
Cincinnati
Acheson, George H.
Berke, Raymond A.
Block, Gordon L.
Frieberg, Joseph A.
Gall, Edward A.
Glueck, Charles J.
Kleinman, Leonard I.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Tew, John McL.
Wibbelsman, Charles J.
Cleveland
Badal, Daniel W.
Banker, Betty Q.
Brodkey, Jerald S.
Evans, Richard R.
Ford, Amasa B.
Groves, Laurence K.
Jefferies, William McK.
Kendrick, James I.
Miller, James G.
Pearson, Olaf H.
Rhinelander, Frederic W.
Ryan, Kenneth J.
Saunders, Andrew P.
Weir, David R.
Cleveland Heights
Glover, Donald M.
Columbus
Ellis, Effie O.
Garrett, John C.
George, Jack M.
Haynes, Ruth C.
Haynes, Walter M.
Heggie, John F.
Tetirick, Jack E.
Dayton
Flook, Samuel E.
Hockwalk, W. Richard
Kornfield, Michael A.
Kent
Mark, Eugene J.
Moreland Hills
Baumgartner, Donavin A., Jr.
North Canton
Shipley, Margaret S.
Oberlin
Warner, John H., Jr.
Toledo
Ludwig, George D.
Wooster
Carruth, Lee Jackson
Wright-Patterson AFB
McNutt, Neil S.
Yellow Springs
Bouton, Brian
Youngstown
Coombs, Frederick S.

OKLAHOMA
Ardmore
Schuler, James D.
Edmund
Carter, George B.
Muskogee
Fite, E. Halsell

Oklahoma City
Carey, John M.
Eliel, Leonard P.
Halverstadt, Donald B.
McClellan, Betty J.
Stout, Hugh A.
Tinker AFB
MacDougal, Bruce A.
Tulsa
Steele, Byron W., Jr.

OREGON
Corvallis
Steele, Robert E., Jr.
Eugene
Singer, Kenneth M.
Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas
Portland
Baker, Russell L.
Boyden, Allen M.
Dittmore, Harry B., Jr.
Hall, Robert G.
Novy, Miles J.
Prescott, William G.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Whittemore, James P.

PENNSYLVANIA
Ardmore
Sampson, D. Allen
Bangor
Cascario, Nicholas, Jr.
Bethlehem
Leister, Claude, M.
Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G., Jr.
Danville
Heath, Robert D.
Erie
Monohan, John J.
Gwynedd
Stoddard, James K.
Harrisburg
Berkheimer, George A.
Gallia, Francis J.
Sun, Edward R.
Hershey
Babb, Joseph D.
Gentzler, Richard D. II
Vesell, Elliot S.
Hookstown
Bayer, Frank L.
Lansdale
Goeringer, C. Frederick
Latrobe
Moran, Thomas W., Jr.
Media
Kitts, Albert W.
Merion
Richter, Howard A.
Merion Station
Murphy, Grace L.
Norristown
McGuire, Michael
Philadelphia
Bornstein, Donald L.
Brent, Robert L.
Carter, James R., Jr.
Dohan, F. Curtis
Fisher, Mary S.
Flaxman, B. Alan
Gabuzda, Thomas G.
Gardner, Laurence B.
Harris, Jerry L.
Leighton, Joseph
Mancall, Elliott L.
Mendelsohn, Mortimer L.
Michie, Alexander J.
Miller, Cynthia A.
Montgomery, Hugh
Murray, Thomas G.
Nicholson, Jesse T.
Padnes, Stephen
Perrin, George M.
Petersen, Robert Ole
Roth, James L. d'A.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Sloane, Robert B.
Starr, Isaac
Stokes, Joseph, Jr.
Stunkard, Albert J.
Thier, Samuel O.
Vaughan, Victor C. III
Waxman, Herbert S.
Willens, John S.
Wood, Howard P.
Zacks, Sumner I.
Zinninger, George F.
Pittsburgh
Chang, Wallace H.J.
Dwyer, John H.
Ferguson, Albert B., Jr.
Field, James B.
Lewis, Michael B.
McLaughlin, William B.
Mesaros, Maire A.
Price, Stuart E., Jr.
Sell, Stewart
Tyson, Robert G.
Urquhart, John III
Rosemont
Ming, Si-Chun
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Stroudsburg
Michie, Catherine R.
West Chester
Kimura, Kazuo K.
Wyalusing
Lowd, Harry M., Jr.
Wynnewood
Rasmussen, Jane S.
Wyomissing
Morrissey, E. James
Morrissey, Eugene J.
York
Farkas, Robert W.

RHODE ISLAND
Newport
Crowley, William F.
Providence
Cotter, Walter C.
Cutts, Frank B.
Hairabet, John K.
Hamlin, Hannibal
Hopkins, Robert W.
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Scott, H. Denman
Simeone, Fiorindo A.
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.
Urbaniak, Henry S., Jr.
Wu, Alain S.
Rumford
Hogan, John F.
Warwick
Aaronson, Leroy D.
Madden, Edwin J.

SOUTH CAROLINA
Beaufort
Wheeler, William F., Jr.

Charleston
Paul, John R., Jr.
Summerall, Charles P. III
Talbert, Oliver R.
Columbia
Theus, Walter W.
Florence
Hyman, Vera C.

SOUTH DAKOTA
Parkston
Hilgenberg, Alan D.
Sioux Falls
Barlow, John F.

TENNESSEE
Big Spring
Warren, Charles F.
Franklin
Youmans, John B.
Johnson City
Brindley, Clyde O.
Kingsport
Malloy, Joseph K.
Knoxville
Chernoff, Amos I.
Memphis
Nobles, Eugene R., Jr.
Shaw, John L.
Stern, Newton S.
Nashville
Brown, Charles E.
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Eisenberg, Ronald L.
Hall, Hugh D.
Lee, John M.
Lowder, Stephen C.
Newman, Elliott V.
Smith, Marion L.
Smith, Ralphael F.
Spalding, Robert
Oak Ridge
Ruley, Henry B.

TEXAS
Austin
Kriesle, James E.
Winkler, John J.
Beaumont
Hinshaw, Arvil J.
Big Spring
Jarratt, Michael T.
Carswell Air Force Base
Backman, John H.
Corpus Christi
Jenkins, Charles K.
Dallas
Binion, John T.
Coggeshall, Howard C.
Goldstein, Joseph L.
Helgeson, Norman G.P.
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Moore, S. Halcuit, Jr.
Rose, Patrick F.
Schneiderman, R. Neal
Siperstein, Marvin D.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, James T.
Willerson, James T.
Williams, Oscar B., Jr.
Denison
Freeman, Don W.
Fort Worth
Bernstein, Philip
Key, Robert E.
Murray, David B.
Renshaw, Charles L.
Rutledge, Robb H.
Houston
Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Keats, Arthur S.
Kennedy, John H.
Owen, William R.
Platt, Melvin R.
Smith, Edward T.
Turner, John D.
Wilde, Henry D., Jr.
McAllen
Evans, Sheridan S.
Odessa
Williams, J. Richard, Jr.
San Antonio
Aldredge, Horatio R. III
Asher, Marc A.
Broennle, A. Michael
Foley, F. Daniel
Harrington, John T., Jr.
Seals, John R.
Thompson, Milton S., Jr.
Wishner, Stanley H.
Seabrook
Ring, Robert III

UTAH
Ogden
Keyes, Gale H.
Perkins, Arthur
Orem
Burton, David A.
Salt Lake City
Christensen, William R.
Clark, Lincoln D.
Hebertson, Wayne M.
Johnson, Dale G.
Nelson, Russell M.
Nielsen, Talmadge W.
Temple, Anthony R.
Young, Clark

VERMONT
Barre
Buttles, Roy V.
Molind, Samuel E.
Bennington
Baker, Dudley M.
Giddings, W. Philip
Brattleboro
Glick, John L.
Sharpe, J. Douglass
Burlington
Bell, John F.
Donaghy, Raymond M.P.
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Molloy, Maureen K.
Soule, A. Bradley, Jr.
Tisdale, William A.
Young, William G.
Enosburg Falls
O'Shea, Clare Marshall
Guilford
Tompkins, J. Butler
Manchester
Peltz, William L.
St. Johnsbury
Morrison, Harvey R.
Shelburne
Bowen, Charles R.
Lowell, William H., Jr.
South Hero
Chittrick, Rupert A.
West Townshend
Folsom, Hugh F.

White River Junction
Crandell, Walter B.

VIRGINIA
Alexandria
Collins, Richard
Lewis, John L., Jr.
Lotz, Myron
Torop, Paul
Arlington
Detwiler, Robert H.
Dunkman, W. Bruce
Ormandy, Laszlo
Worthington, Michael G.
Charlottesville
Craver, Joe M.
Murad, Ferid
O'Brien, William M.
Swineford, Oscar, Jr.
Vasquez-Amory, Ernesto
Wood, J. Edwin, Jr.
Falls Church
Quindlen, Eugene A.
Soper, Michael R.
McLean
Bridge, Edward M.
Norfolk
Schantz, Arthur S.
Portsmouth
Brons, Ronald E.
Richmond
Adams, Raymond A.
Blades, James F.
Goodale, Fairfield, Jr.
James, G. Watson III
Jones, Basil B.
Jordan, William R.
MacDonald, Ralph F.
Randall, Russell E., Jr.
Sutphin, Adney K.
Thompson, W. Taliaferro, Jr.
Tucker, James T.
Ulmer, Jack L.
Williams, G. Melville
Wright, R. Lewis
Roanoke
Glendy, Margaret M.
Glendy, R. Earle
Walke, John T.
Wood, Benjamin S.
Williamsburg
Jones, Thomas B.

WASHINGTON
Aberdeen
Cihak, Robert J.
Bellevue
Milam, Daniel F.
Bellingham
Watts, Arthur B.
Fort Lewis
Chalfin, Robert M.
Mercer Island
Skinner, Alfred L., Jr.
Olympia
Jones, Gordon E.
Seattle
Bell, John W.
Brown, Norman K.
Crystal, Dean K.
Edmunds, L. Henry, Jr.
Garrigues, Henry B.
Greene, Martin L.
Lawrence, G. Hugh
Lurie, Hugh J.
Mannik, Mart
Mansfield, Peter B.
McCollum, Richard G.
Odland, George F.
Omenn, Gilbert S.
Rutherford, Robert N.
Shurtleff, David B.
Stewart, John E.
Volwiler, Wade
Wimberger, Herbert C.
Spokane
Brunjes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.
Takoma
O'Malley, John E.
Walla Walla
Brooks, Peter T.
Gilbert, Allen C.
Yakima
Mathieu, Thomas J.

WEST VIRGINIA
Beckley
Klingensmith, Walter E.
Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Kovacevich, Miroslav M.
Revercomb, Paul H.
Stewart, William C.
Fairmont
Shaffer, Frederick G.
Morgantown
Shaffer, Hubert A.
Wheeling
Duffy, Raymond J.
Weiler, Howard G.

WISCONSIN
Elm Grove
Schmidt, Robert A.
La Crosse
Gundersen, A. Erik
Gundersen, Adolf L.
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
Prieto, Alberto, Jr.
Rodman, Charles A. II
Shealy, C. Norman
Tompkins, Douglas G.
Madison
Albright, Edwin C.
Gordon, Edgar S.
Hopkins, Charles E.
Javid, Manucher
McClung, John L.
Osborn, June E.
Struble, Robert A.
Marshfield
Pederson, Donald P.
Milwaukee
Barrow, David W.
Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Schneider, Chester C.
Princeton
Mueller, Gustave C.E.

WYOMING
Cheyenne
Kind, Henry A.

VIRGIN ISLANDS
St. Thomas
Howard, Fred H.

ARGENTINA
Buenos Aires
Bordone, Lilia E.
Scaliter, Dora F.

AUSTRALIA
Camperdown
Atkinson, Kenneth H.
Glenelg East
Morley, Helen R.
Medindie
McCoy, William T.
Melbourne
Colquhoun, John B.
Parkville
Morris, Peter J.
Sydney
Slater, Barbara L.

AUSTRIA
Linz
Necek, Stanislaw K.

BELGIUM
Brussels
Frederick, Elizabeth S.

BRAZIL
Rio de Janeiro
Albuquerque, Paulo F.
Mattoso, Luiz F. deQ.
Sao Paulo
Barretto, Oscar deF.

CANADA
Aylmer
McKay, Wilfred W.
Calgary
Walker, Robert H.
Edmonton
Colpitts, Grant E.
Huckell, John R.
Halifax
Marshall, Clyde S.
Hamilton
Fine, Stuart, H.
Kitchener
Tallon, John B.
Lancaster
Gregory, Robert A.
London
Cameron, Howard S.
Sober, Stanley
Londonderry
Mackinnon, Roderick
Montreal
Davanloo, Habibolah
Freeman, Joel B.
Greenwood, Frederick A.H.
Greisman, John J.
Hogg, James C.
Johnson, Louis G.
Kahn, David S.
Robbillard, Raymond L.
Shannon, James G.
Shugar, Joseph L.
Taguchi, Kenneth
Thurlbeck, William M.
Olds
Burland, George R.
Ottawa
DesGroseilliers, Jean-Pierre
St. Johns
Holt, Charles L.
Scarborough
Melvin, William J.S.
Sudbury
Field, Paul
Toronto
Cooper, Joel D.
Froese, Alison B.D.
Gardiner, William J.
Harris, W. Robert
Holmes, R. Brian
McIlroy, William J.
Michalska, Irene K.
Ritchie, Alexander C.
Sellers, Edward M.
Simone, Andrew A.
Verny, Thomas R.
Vancouver
Bell, Michael H.
Dunn, William L.
Sutherland, George F.
Victoria
Aranas, Arturo L.
West Hamilton
Detwiler, Robert C.
Winnipeg
Adamson, Gilbert L.
Carmona, Robert A.

CANAL ZONE
Ancon
Suescum, Alfredo T.

CHILE
Santiago
Williamson-Lefort, Ladislac

COLOMBIA
Bogota
Salamanca, Juan J.
Saravia, Rafael

DENMARK
Copenhagen
Ibsen, Bjorn
Hellerup
Anderson, Erik W.

ENGLAND
Birmingham
Trethowan, William H.
London
Cosgrove, Delos M.
Leigh, A. Denis
Ogus, Hugh D.
Tow, Peter M.
Menston
Gore, Charles P.
Mill Hill
Raff, Martin C.

FRANCE
Lyon
Michel, Albert J.D.
Paris
Kernan, Reginald D.

GERMANY
Hamburg
Falke, Konrad
Munich
Harder, Hans J.
Huppe, Justin R.
Pinnell, Sheldon R.

GREECE
Athens
Arzimanoglu, Anthony A.
Zaouussis, Alexander L.

GUATEMALA
Guatemala City
Fuchs, Pablo
Herrera, Rudolfe E.
Sosa, Dagoberto
Toriello, Julio

HAITI
Port-au-Prince
May, Harold L.

ICELAND
Reykjavik
Halldorsson, Thorlakur S.
Hallgrimsson, Jonas
Kristjansson, Haukur

INDIA
Bombay
Rebello, Desire J.A.
Yodh, Shyam B.
Calcutta
Hughes, James R.
Ludhiana
Wysham, Donald N.
New Delhi
Pant, Shyam S.
Singh, Madan M.
Tandon, Rajendra

INDONESIA
Jog Jakarta
Parson, William

IRAN
Resht
Samiy, Hussein E.
Shiraz
Barekat, Ali A.
Esmaili, Mohammad H.
Tehran
Saidi, Farrokh

IRELAND
Belfast
Gibson, John G.
Dublin
Guiney, Edward J.
Mayo
Loftus, James G.

ISRAEL
Petah Tiqva
Laron, Avi
Rehovoth
Ronat, Judith G.
Tel-Aviv
Geller, Eran
Heilbronn, Yechiel D.

ITALY
Milano-Affori
Mangoni, Alfonso
Naples
Amati, Jacqueline M.

JAPAN
Tokyo
Hoshi, Motonori
Suwa, Kunio
Yokoyama, Mitsuo M.
Yoshikawa, Hideyasu
Tottori
Okagaki, Takashi

LEBANON
Beirut
Abi-Torbey, Khalill
Germanos, Khalil
Harrison, Timothy S.
Kirkwood, Samuel B.
Lichtenwalner, Craig S.
Mnaymneh, Walid A.
Wilson, John L.

MEXICO
Aguascalientes
Ramirez-Acosta, Javier A.
Ensenada
Freeman, Norman E.
Mexico City
Belsasso, Guido
Chavez-Peon, Federico
Santacruz, Abraham M.

NETHERLANDS
Amsterdam
Donner, Reynout
Jarrett, Fredric
Blaricum
Vanvroonhoven, Theo J.

NEW ZEALAND
Dunedin
Blennerhassett, John B.

NIGERIA
Ibadan
Bohrer, Stanley P.
Lagos
Baldwin, Wayne E.

PERU
Lima
de Mola, Luis L.

PHILIPPINES
Davao City
Calderon, Doninador C.
Manila
Canlas, Benjamin D., Jr.
Quezon City
Bautista, Florosa A.

POLAND
Warsaw
Kacki, Janusz F.

PUERTO RICO
Dorado
Gonzalez, Ernesto

REPUBLIC OF THE CONGO
Leopoldville
Cardenal, Fernano A.

REPUBLIC OF SOUTH AFRICA
Johannesburg
Saffer, S. David

SCOTLAND
Glasgow
Mital, Mohinder A.

SWITZERLAND
Basel
Hugin, Werner
Geneva
Mach, Bernard F.
Müller, Alex T.

THAILAND
Bangkok
Stewart, Michael M.

TURKEY
Istanbul
Yenel, Faruk M.

UGANDA
Kampala
Kanverezi, Bwogi R.

YUGOSLAVIA
Belgrade
Petrovitch, George

Forms of Legacies

A. An Unrestricted Legacy

"I give the Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ...
. . . . . ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts . . . . . .
. . . . . ($).
The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of . . . . . .

and shall be known as the . . . . . .
. . . . . Fund."
Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 31 Milk Street, Boston.